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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
RECD APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10956

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 731 Cedar (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether In this community years, months or days) Fourty Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage (If outside city or town limits, write "RURAL")
(d) Street No. 731 Cedar St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mattie Hinsworth.
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 13, (Day) 1866 (Year)

8. AGE: Years 74 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None

FATHER
12. Name John Chesser
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Hannah Mogonly
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs D C Zuck
(b) Address 731 Cedar St Carthage Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Rusell Mortuary
(b) Address Carthage Missouri
19. (a) March 4, 1941 (Date received by local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1941 hour 3:50 P.M. minute M.

21. I hereby certify that I attended the deceased from January 27th, 1941, to February 12th, 1941; that I last saw her alive on February 12th, 1941; and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Uremia	10 days
Due to: Chronic Nephritis	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations None
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) None
While at work? No (e) Means of injury

23. Signature George H. Wood (M. D. or other) M.D.
Address 304 Grant St., Date signed 3/4/41

(Licensed Embalmer's Statement on Reverse Side) Carthage, Mo.

41-4-392

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Emma R Kinney

Licensed Embalmer No. 391

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.