

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19634 17337
State File No.

FILED JUN 16 1941
F.D.

Registration District No. F.D. Primary Registration District No. 5720 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Lower Pittsburg Farmost
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Robinson Hines
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7
year 1941 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Apr. 28 1941 to May 7 1941
that I last saw him alive on Apr 28 - 41 1941
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife _____ (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased: November 5 1885
(Month) (Day) (Year)

Immediate cause of death Myocarditis Duration 1 Yr 0

8. AGE: Years 84 Months 6 Days 2 If less than one day
hr. _____ min. _____

Due to _____
Due to 43

9. Birthplace West Virginia (City, town, or county) (State or foreign country)
10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business farmer
12. Name Joseph P. Hines
13. Birthplace West Virginia (City, town, or county) (State or foreign country)
14. Maiden name Lucy A. Alderson
15. Birthplace West Virginia (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Max Mable Heatley
(b) Address R.F. #2 Gower mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof May 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Harmony

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Stewartville Mo.
(b) Address _____
19. (a) May 8 - 1941 (b) Wm. Luc Donell
(Date received local registrar) (Registrar's signature)

23. Signature W. B. Halding (M. D. or other) _____
Address Stewartville Mo. Date May 7 - 41

(Licensed Embalmer's Statement on Reverse Side)

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

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 F. G. Lyons
Licensed Embalmer No. 952
P. O. Address Stewartville

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

If this body is not embalmed, fact should be so stated above.