

Registration District No. 89

Primary Registration District No. 2007

Registrar's No. 218

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Caplan Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Caplan Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 4 weeks
years, months or days

3. (a) PRINT FULL NAME Fred Le Roy Hine

3. (b) If veteran, name war
3. (c) Social Security No. 510-14-5422

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 8 1921
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Ottawa Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Radio Technician

11. Industry or business _____

12. Name Fred Hine
13. Birthplace Benidist Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Heper
15. Birthplace Sallas Center Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Goldie Hine

(b) Address Kansas City, Kan.

17. (a) Removal (b) Date thereof 5/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kan

18. (a) Signature of funeral director Frank Grant
(b) Address Caplan Bluff, Mo.

19. (a) 5/25/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Caplan Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1941 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from 5-18 1941 to 5-25 1941; that I last saw him alive on 5-25 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Infection of right leg
Due to Compound fracture right femur & compound fracture left femur & embolism
Due to contaminated amputation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no fracture
Of autopsy none

Duration

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) accident
(b) Date of occurrence 5-18-41
(c) Where did injury occur? near Caplan Bluff, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway
(Specify type of place)
While at work no (e) Means of injury _____

23. Signature Wm. Kuschner (M. D. or other) D
Address Caplan Bluff, Mo Date signed 5-28-41

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

73

17026
95

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 *Lyman H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Caplar Bluff, D*

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

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

Registration District No. 89

Primary Registration District No. 3007

Registrar's No.

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(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)

3. (a) PRINT FULL NAME Fred Le Roy Wire

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 5 17 hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene and Duration
infection of rt leg.
Due to Compound fracture of
rt femur

Due to auto accident
Other conditions this has turned out to be
(include pregnancy within 3 months of death)
suicide due to excessive speed

Major findings: injury
Of operations on rt hand
Of autopsy 17026

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) acc

(b) Date of occurrence 5-18-1941

(c) Where did injury occur? near Poplar Bluff
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Hwy
(Specify type of place) (e) Means of injury

23. Signature JM Henderson (M. D. or other)
Address _____ Date signed _____

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

SUPPLEMENTARY

19655