No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25309

Reg. District No. 411 | Primary Registration District No. 2002 | Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 weeks (Specify whether years, months or days)
In this community: 37 years

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

3. (a) PRINT FULL NAME: VERN P. HINE.
3. (b) If veteran, name war:
3. (c) Social Security No.: 491-01-5443
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: ETTA
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: MARCH 6, 1889. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	4	24	hr. min.

9. Birthplace: JASPER COUNTY MISSOURI. (City, town, or county) (State or foreign country)
10. Usual occupation: SALES MANAGER
11. Industry or business: R & S MOTOR SALES CO:
FATHER 12. Name: RUFUS W. HINE.
13. Birthplace: JASPER Co. Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: EUGENIA JOHNSON.
15. Birthplace: INDIANA (City, town, or county) (State or foreign country)
16. (a) Informant: Eda Hine
(b) Address: 505 N. Wall St. Joplin Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 8-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation: OSBORNE MEMORIAL
18. (a) Signature of funeral director: HURLBUT UND. CO:
(b) Address: JOPLIN MO:
19. (a) 7-31-41 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 30, day 1941, year, hour 10-15 A.M. minute M.
21. I hereby certify that I attended the deceased from July 31, 1940, to July 30, 1941, that I last saw him alive on July 30, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis, Chr. — 1½ yrs.
Due to: Myocarditis, Chr.
Due to: 1310
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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:
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: (M. D. or other)
Address: Joplin Mo. Date signed: 7/30/41

(Licensed Embalmer's Statement on Reverse Side)

41-8-676

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

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

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

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25309

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 weeks (Specify whether years, months or days) In this community [redacted]

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton

(c) City or town Joplin (If outside city or town limits, write "RURAL")

(d) Street No. Rural Route -37 yrs- (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Helen P Hine

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 M

6. (b) Name of husband or wife

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

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

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 7-31-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 29 year 1941 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)

(b) Date of occurrence

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

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-25309