

FILLED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28993
Do not use this space.

1. PLACE OF DEATH

(a) County OSAGE Registration District No. 6429
 (b) Township Crawford Primary Registration District No. 5849
 (c) City Linn (d) Street No. 1 St. 43 Rth
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Thomas Hiner

(a) Residence, No. Linn Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie B. Hiner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-67
 7. AGE YEARS 74 MONTHS 6 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hester Mo

FATHER 13. NAME Thos. S. Hiner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Matilda Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Wm. Turner (ADDRESS) Linn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 8-31-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morton Funeral Home Linn Mo

20. FILED Aug 30 1941 Chas. Dore Jett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1941

22. I HEREBY CERTIFY, That I attended deceased from 11-7-37, 1937, to 8-29, 1941
 I last saw him alive on 8-29-41 1941 Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:

① Chronic myocarditis
 ② Thrombophlebitis left
 Other contributory causes of importance:
 Name of operation Autopsy Date of
 What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) W. U. McKeally M. D.
 (Address) Cherokee Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Vernon Morton*

Licensed Embalmer No. *4125*

P. O. Address *Lincoln*

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, above space should be left blank.