S. No. 2
M—1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34886

Registration District No. 310 Primary Registration District No. 5429A Registrar's No. 160

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

1. PLACE OF DEATH:

(a) County Gentry Park
(b) City or town Darlington Cooper
(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 Mo (b) County Gentry
(c) City or town Darlington, Mo 38
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ina Fern Hines

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased April 18 1941 (Month) (Day) (Year)

8. AGE: Years # Months 5 Days 20 If less than one day hr. min.

9. Birthplace Darlington, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Charles Hines
13. Birthplace Unknown Iowa 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Batson
15. Birthplace Albany, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Hines
(b) Address Barlington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Rouse

18. (a) Signature of funeral director Clifford Brooks
(b) Address Albany, Mo

19. (a) Oct 12-41 (Date received local registrar) (b) Mattie David (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 6 hour 15 minute P M.

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

Immediate cause of death asphyxiation — Duration

Due to accidental strangulation by fall from bed by infant

Due to catching head and neck between iron rods of bed causing death before found by parents

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1860
Of autopsy 18

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 Oct 10, 1941 - 6:15 PM
(c) Where did injury occur? 38 Darlington Gentry Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home in bed — (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr Zacka Barnes Jr DO (M. D. or other)
Address Cooper Gentry Co King City Mo Date signed 10/11/41

(Licensed Embalmer's Statement on Reverse Side)

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 Me

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

working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Mo

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

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