S. No. 2
M—9-4-41
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7294

Registration District No. 567 Primary Registration District No. 4334 Registrar's No. 10

67
20

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

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town East Prairie, Tenn.
(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 —
In this community 19 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town East Prairie, 20
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME TOMMIE HINTON
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Franklin Hinton
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased January 30, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	1	8	hr. min.

9. Birthplace Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business —
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Jesse Thompson
(b) Address East Prairie Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation Dogwood
18. (a) Signature of funeral director Frairs Shelby
(b) Address East Prairie Mo.
19. (a) 3-18-1942 (Date received local registrar) Mrs D M Hodges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1942 hour 11,30 minute P 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 Apoplexy	
Due to high blood pressure	
Due to Arterio-Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83a	
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (c) Means of injury
23. Signature George W. Whitaker M.D. (M. D. or other)
Address East Prairie Mo. Date signed 3-9-42

877 (Licensed Embalmer's Statement on Reverse Side) Signature George W. Whitaker M.D.

MAR 23 1942

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 James Scott, Registered Apprentice No. 316, working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie Mo

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.