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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11615

State File No.

Registration District No. 677 Primary Registration District No. 4403 Registrar's No. 39

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla Tuma
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town Bourbon "Rural" O
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FANNIE HINCH
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 Married 1
6. (b) Name of husband or wife John Hinch
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Aug. (Month) 4 (Day) 1882 (Year)

8. AGE: Years 59 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Bourbon (City, town, or county) O Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Washington Payne
13. Birthplace O Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Louise Wright
15. Birthplace O Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Luther Hinch
(b) Address Bourbon Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Cross Roads Cem.
18. (a) Signature of funeral director Elbert E. Long
(b) Address Bourbon Mo.
19. (a) 3/11/42 (Date received local registrar) (b) Ella Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9 year 1942 hour 10 minute A.M.
21. I hereby certify that I attended the deceased from 3 8 1942 to 3 8 1942 that I last saw her alive on 3 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental injury to head and body in Collision with Moving Car (Automobile)
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operation Laceration of Abdominal wall, Fracture of Skull,
Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following: 028
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 3-8-42 7 P.M.
(c) Where did injury occur? Bourbon Crawford Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway No 66 (Federal) (Specify type of place)
While at work? No (e) Means of injury Automobile
23. Signature E. L. Hanna (M. D. or other) O
Address Bourbon, Mo. Date signed 3-11-42

11012 (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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Elbert E Long

Licensed Embalmer No. 3 Long

P. O. Address Bourbon 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, above space should be left blank.