

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30286

State File No. _____

Registration District No. 113

Primary Registration District No. 5431

Registrar's No. _____

36
6
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Tinian, Hawaii
 (a) County _____
 (b) City or town Rural Paine
 (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: 36
 (a) State Mo (b) County Tinian
 (c) City or town Rural Paine
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Shofora Charles Hinkle
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 31 year 1942 hour 1 minute 20 P. M.

4. Sex Male 5. Color Colonial 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lena Hinkle 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased: Dec. 5 - 1859
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-15-1937 to 8-31-1942
 that I last saw him alive on Aug-7, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 8 Days 26. hr. _____ min. _____
 If less than one day

Immediate cause of death: Chronic myocarditis
 Due to _____ years
 Due to _____

9. Birthplace Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation school teacher

Other conditions: _____ (Include pregnancy within 3 months of death)
 Major findings: 932
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Deal-Know 9
 13. Birthplace Duck Creek (City, town, or county) (State or foreign country)
 14. Maiden name Dani-Know
 15. Birthplace Dani-Know 9 (City, town, or county) (State or foreign country)

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

16. (a) Informant Lena Hinkle
 (b) Address Robertsville Mo
 17. (a) Rural (b) Date thereof 9-3-42 (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Shuman Hinkel
 (b) Address St Clair Mo
 19. (a) 9/1/1942 (b) P. J. King Sr. (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature W. E. Hinkel (M. D. or other) 9/1/42
 Address St. Clair Mo Date signed _____

1120

(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 Sherwood Wittell
Licensed Embalmer No. 3873
P. O. Address St. Clair, 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.