

FILED NOV 5 1942
Registration District No. 747

Primary Registration District No. 5677

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Union
(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 In this Community
years, months or days 53-3-13

3. (a) PRINT FULL NAME HURLEY CANNON HINDS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife O. Desa Hinds

6. (c) Age of husband or wife if alive 29 years (Day) (Year)

7. Birth date of deceased June 29 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>3</u>	<u>13</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Israel P. Hinds

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cannon

15. Birthplace Elsberry Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Odesa Hinds

(b) Address Elsberry Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct 14 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Mill Creek Cemetery

18. (a) Signature of funeral director Wayne M. Coy

(b) Address Trout Mo.

19. (c) Oct 13 1942 (Date received local registrar)

G. E. Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Elsberry (If rural, give location)

(e) If foreign born, how long in U.S.A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Accidental death

Due to Run away team of mules

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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) Accident 157

(b) Date of occurrence Oct 12 1942

(c) Where did injury occur? Rural Lincoln Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work? Yes (Specify type of place) (e) Means of injury Run away team

23. Signature M. C. Hays (M. C. Hays)
Address Elsberry Mo Date Oct 13 1942

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W. C. Williams

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.....

Wayne McCoy

Licensed Embalmer No. *3586*

P. O. Address *Jay 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.