

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34601

State File No. _____

FILED NOV 11 1942

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 173

88
56

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

1. PLACE OF DEATH: Randolph
 (a) County Moberly
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 318 Woodland Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 In this community 18 years
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME NANCY CAROLINE HINTON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife R. S. Hinton 6. (c) Age of husband or wife if alive 1864 years
 7. Birth date of deceased Sept. - 24 - 1864
 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Randolph Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife (Retired)

11. Industry or business _____

12. Name John A. Hinton

13. Birthplace N. Carolina

14. Maiden name Elizabeth C. Sellers

15. Birthplace Randolph Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie McCame

(b) Address 318 Woodland Ave, Moberly Mo

17. (a) Burial (b) Date thereof Oct - 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Ernest General Home

(b) Address Moberly Mo

19. (a) 10/3/42 (b) Irma Love
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 318 Woodland Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th year 1942 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 15th 1939, to Sept. 29th 1942
that I last saw her alive on Sept. 29th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Paracarditis Duration 7 days
 Due to myocarditis 14 mo
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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: no
(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? _____ (e) Means of injury _____

23. Signature Benj. S. Jolly (M.D. number) 5710
Address 301 W. Third Moberly Date signed 10-3-42

RECEIVED

District Health Officer No. 10

District File Number 11-48-1973

Date Filed NOV - 8 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.