

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

41638  
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 289  
 (b) Township Weston Primary Registration District No. 5967 83 Registered No. 18  
 (c) City Weston or (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Grovar Cleveland Hinson

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Ward</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 11, 1884</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>3</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN): <u>Oak Mills</u> / (STATE OR COUNTRY) <u>Kansas</u>	
	13. NAME <u>Charles A. Hinson</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN): <u>Unknown</u> / (STATE OR COUNTRY) <u>9</u>	
	15. MAIDEN NAME <u>Lorisa Blankenbaker</u>	
	16. BIRTHPLACE (CITY OR TOWN): <u>Kansas</u> / (STATE OR COUNTRY) <u>1</u>	
17. INFORMANT <u>Mrs J. W. Mingee</u> (ADDRESS) <u>Weston, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Bethel</u> DATE <u>Dec. 12</u> 19 <u>42</u>		
19. FUNERAL DIRECTOR (NAME) <u>W.R. Vaughn</u> (ADDRESS) <u>Weston, Missouri</u>		
20. FILED <u>12-11-42</u> 19 <u>42</u> <u>Mrs Clay Kiffle</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-8- 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec-1- 1942 to Dec-8- 1942  
 I last saw him alive on Dec-8- 1942 Death is said to have occurred on the date stated above, at 12:50 m.  
 The principal cause of death and related causes of importance were as follows:  
Pyelitis & Cystitis  
1370  
 Other contributory causes of importance:  
Prostatic hypertrophy.  
 Name of operation None performed Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1942  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Lewis C. Calvert, M. D.  
 (Address) Weston Missouri.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

8-1-0

1227

**RECEIVED**

District Health Officer No. Platte  
District File Number 1-43-11  
Date Filed 1-6-43

**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 W. R. Vaughan  
Licensed Embalmer No. 4023  
P. O. Address Wesley, 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.**