

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42165**

FILED JAN 12 1943

Registration District No. **2938**

Primary Registration District No. **3073**

Registrar's No. **19**

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

1. PLACE OF DEATH:

(a) County **Scott**

(b) City or town **Chaffee Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **305 E. Davidson**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **13 years**

3. (c) PRINT FULL NAME **Flora Isabella Hindman**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **497-07-5979**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Leo Hindman** 6. (c) Age of husband or wife if alive **41 yrs** years

7. Birth date of deceased **April 28 1906**
(Month) (Day) (Year)

8. AGE: Years 36	Months 7	Days 4	If less than one day hr. _____ min _____
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9. Birthplace **Advance Missouri, R. F. D. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Factory Worker**

11. Industry or business **Garment worker**

12. Name **W. J. Hinkle**

13. Birthplace **Advance Missouri 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Ella Pulliam**

15. Birthplace **Advance Missouri 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clyde Johnson**

(b) Address **Chaffe Missouri 12-15042**

17. (a) **Burial** (b) Date thereof **12-15-42**
(Date, location, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ladd Cem.-Greenbrier Mo.**

18. (a) Signature of funeral director **M. Stables**

(b) Address **242 York-Chaffee Missouri**

19. (a) **Dec. 15th 1942** (b) **Mrs. C. H. Davis**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **100**

(a) State **Missouri** (b) County **Scott**

(c) City or town **Chaffee Missouri**
(If outside city or town limits, write "RURAL")

(d) Street No. **305 E. Davidson Avenue**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **12** year **1942** hour **8:00** minute **45 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage caused from bullet wounds - in nose & behind right ear and at base of skull.**

Due to _____

Due to _____

Other conditions **166**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

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) **Homicide**

(b) Date of occurrence **Dec. 12, 1942**

(c) Where did injury occur? **Chaffee Scott MO.**
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

(e) Means of injury **32 Cal. Revolver**

23. Signature **Clyde Poe Johnson**
(M.D. or other)

Address **Chaffee Missouri** Date signed **1/14/43**

1058

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No.

District File Number 143 - 72

Date Filed 1-7-43

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

C. J. Lohberg
.....
Licensed Embalmer No. 3810

P. O. Address..... *Cape Girardeau*

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.