

FILED FEB 2 1948

Registration District No. **5**

Primary Registration District No. **5782**

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

1. PLACE OF DEATH:

(a) County **Cape Girardeau**

(b) City or town **Rural Shannon Pop.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cape Girardeau**

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

(d) Street No. **1600** (If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **CHARLES CARROL HINES**

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 **widowed**

6. (b) Name of husband or wife **Sina Catherine Hines**

6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **April 14, 1852**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	9	12	hr. min.

9. Birthplace **near Neelys Landing Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

MOTHER FATHER

12. Name **Morton Hines**

13. Birthplace **St Charles Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **P. Pittmann**

15. Birthplace **Doniphan Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **PT Hines**

(b) Address **Neelys Landing Mo**

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

(b) Date thereof **Jan 28, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Goshens Cemetery**

18. (a) Signature of funeral director **Miller**

(b) Address **Jackson**

19. (a) **Jan 30-1943** (Date received local registrar)

(b) **Henry W. Pugh** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **26th** day **January**
year **1943** hour **8:30** minute **A** M.

21. I hereby certify that I attended the deceased from **December 1st 1938** to **January 25th 1943**
that I last saw him alive on **January 25th 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Duration **7 years**

Due to **Atherosclerosis, generalized**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d**

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)

(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) (c) Means of injury

23. Signature **Theodore Pugh** (M. D. or other)

Address **Altensburg Mo** Date signed **1/27/42**

1328

RECEIVED

District Health Officer No. 4

District File Number 243-1707

Date Filed 2-8-43

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 Gene C. Cracraft
Licensed Embalmer No. 4327
P. O. Address Jackson, 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.