

FILED FEB 9 1943  
Registration District No. 187

Primary Registration District No. 3940

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:  
1413 Bryan Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 34 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 1413 Bryan Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nettie Reid Hinshaw

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Elmer Hinshaw 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 22 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace El Paso Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business B. D. Reid

12. Name B. D. Reid

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

14. Maiden name Mary Collins

15. Birthplace W. Knoxville  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John (Chuck) Williams

(b) Address Chillicothe, Missouri

17. (a) Chillicothe, Mo (b) Date thereof 1-5-'43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri

19. (a) January 5-1943 Lou Ella Curry  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd  
year 1943 hour 12:00 minute noon M.

21. I hereby certify that I attended the deceased from Jan Dec 30 to Dec 30, 1943  
that I last saw alive on Dec 30, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arterio sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Lou Ella Curry (M.D. or other) \_\_\_\_\_  
Address Chillicothe Mo Date signed Jan 4/43

Duration 5 days

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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.....

..... E. R. Norman ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed ER Norman .....

..... Licensed Embalmer No. 2374 .....

..... P. O. Address Chillicothe, 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.**