

FILED FEB 5 1943

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

2827

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 208
(b) Township Marion Primary Registration District No. 5762
(c) City Hannibal (d) Street No. 1 Registered No. 10
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME TILLMAN E. HAINLINE

(a) Residence, No. Evening Mo St. (If apartment, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELLA HAINLINE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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.....

12. BIRTHPLACE (CITY OR TOWN)..... Marion Co, Missouri
(STATE OR COUNTRY)

FATHER 13. NAME Piper Hain Line

14. BIRTHPLACE (CITY OR TOWN)..... unknown
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)

17. INFORMANT Arthur L. Beull
(ADDRESS) Evening Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE Jan 25 1943

19. FUNERAL DIRECTOR (NAME) Anna K. BALL
(ADDRESS) EWING, MO.

20. FILED Jan 24 1943 Mrs. Margaret Maddox (Address) Secretary
Hannibal Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23 1943

22. I HEREBY CERTIFY, That I attended deceased from 1-21 1943 to 1-23 1943
I last saw him live on 1-23 1943 Death is said to have occurred on the date stated above, at Evening Mo.

The principal cause of death and related causes of importance were as follows:

Carbon monoxide poisoning 1780
Date of onset 1-23 1943
Other contributory causes of importance: Chronic nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury....., 19.....

Where did injury occur? Evening Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury CO poisoning

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. P. Beull, M. D.

FEB 11 1943

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..... *Anna K Ball*
Licensed Embalmer No..... *2389*
P. O. Address..... *Ewing, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2827

Registration District No. 209

Primary Registration District No. 5762

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Earling, Mo. R.F.D.
(c) Name of hospital or institution: Round Grove Sup.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Jillmar E. Hamline

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

4. Sex m 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 11 (Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 2 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 13 Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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)
(b) 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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

P

2827