S. No. 2
M—5-42
7-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9994

FD APR 9 1943

Registration District No. 3975

Primary Registration District No. 3015

Registrar's No. 21

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: / vvvvv
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution vvvv
(Specify whether In this community vvvvv
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 624 So Walnut St.
(If rural, give location)
(e) Citizen of foreign country? b No. (Yes or No)
If yes, name country xxxxx

3. (a) PRINT FULL NAME Emma Hindman
3. (b) If veteran, name war xxxxx
3. (c) Social Security No. none

4. Sex F
5. Color or race White
6. (a) Single, widowed, married, or divorced Widowed
6. (b) Name of husband or wife Richard Hindman, Dec.
6. (c) Age of husband or wife if alive xxx years
7. Birth date of deceased August 22, 1867 (Month) (Day) (Year)

8. AGE: Years 75 | Months 6 | Days 22 | If less than one day — hr. — min.

9. Birthplace Maysville. Mo. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business in Home
12. Name of father J. F. Cogdill
13. Birthplace of father xxx (City, town, or county) Ky (State or foreign country)
14. Maiden name of mother Emiline Frans
15. Birthplace of mother xxxx (City, town, or county) Ky (State or foreign country)
16. (a) Informant Mrs N. V. Horton
(b) Address Cameron, Mo (17)
17. (a) Burial-Removal (Burial, cremation, or removal) (b) Date thereof 3-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Amity Cem. Amity, Mo.
18. (a) Signature of funeral director O A Moore
(b) Address Cameron. Mo.
19. (a) 3-15-43 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1943 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov. 20th, 1942, to March 14th, 1943; that I last saw her alive on March 13th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy — Duration 3-12-43

Due to Arteriosclerosis ✓

Due to Hypertension ✓

Due to Nephritis ✓

Other conditions Myocardial Degeneration
(Include pregnancy within 3 months of death) Mitral Insufficiency.

Major findings:
Of operations

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?
(Specify type of place)
While at work? (e) Nature of injury

23. Signature [illegible] (M.D. or other)
Address Cameron, Mo. Date signed 3/15/43

10 43

(Licensed Embalmer's Statement on Reverse Side)

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 O A Moore

Licensed Embalmer No. 1180

P. O. Address Cameron Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi[th] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4994

Registration District No. 78 Primary Registration District No. 3015 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

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

3. (a) PRINT FULL NAME Emma Hindman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased aug 22 (Month) (Day) 68 (Year)
8. AGE: Years 75 Months 6 Days If less than one day hr. min.
9. Birthplace Maysville (City, town, or county) mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 4 year 1943 hour P. minute P. M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	
Due to Arteriosclerosis	
Due to Nephritis, Chronic	
Other conditions Mitral insufficiency (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1314
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) 3/4/43
Address Cameron, Mo. Date signed