

FILED APR 14 1943
Registration District No. **234**

Primary Registration District No. **4349**

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

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Stover
(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 _____ (Specify whether years, months or days) _____ (Specify whether)

In this community _____ (Specify whether years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town Stover
(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 EDWARD LOUIS HINKEN

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

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Jan 18 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>1</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace Plymouth Mo. 0
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Peter Hinken 4

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

14. Maiden name Martha Costel

15. Birthplace Plymouth Mo. 0
(City, town or county) (State or foreign country)

16. (a) Informant Alvin Hinken

(b) Address Stover, Mo.

17. (a) Burial (b) Date thereof March 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hinken Cemetery

18. (a) Signature of funeral director Rapp + Stevinson
(b) Address Stover Mo.

19. (a) march 17-43 (b) Henry Rapp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 th
year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 1942 to MAR 10 1943
that I last saw him alive on Mar 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis Duration 3 yrs
Diabetes Mellitus 6 yrs

Due to _____

Due to _____

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

Major findings: Of operations 61

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)

(e) Means of injury _____

23. Signature Chas A West (M. D. or other) _____
Address Stover Mo. Date signed Mar 14 43

RECEIVED

District Health

Officer No. 7

District File Number

3-43-56

Date Filed

4-8-43

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

Jewell Stevenson

Licensed Embalmer No.

4073

P. O. Address

Stover 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.