

S. No. 2
M-5-42
5-17-39
I 32273

State File No.

Registrar's No. 38

D. AUG 10 1943 34
Registration District No. 34

Primary Registration District No. 5117

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
5 Mi. N.E. of Ashland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community LIFE _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 5 Mi. N.E. of Ashland, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Americus Fernando Hinshaw

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1943 hour 9 A.m minute _____ M.

21. I hereby certify that I attended the deceased from Mar 7
1943 to Mar 9 1943
that I last saw him alive on Mar 9 1943
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife Charity Hinshaw

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept. 1 1854
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

88 6 8 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

Major findings: Of operations 83a

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Amos Hinshaw

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

14. Maiden name Elizabeth Lenton

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

16. (a) Informant Stella Mountjoy

(b) Address Ashland, Mo.

17. (a) Burial (b) Date thereof 3/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Wm C. Burnett

(b) Address Ashland, Mo.

19. (a) Mar. 10, 1943 (b) Mrs. Alice Estes
(Date received local registrar) (Registrar's signature)

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 H.B. Poyer (M. D. or other) _____

Address Ashland, Mo. Date signed 3-10-43

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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

W. C. Burnett

Licensed Embalmer No.

3564

P. O. Address.....

Ashland 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.