

NOV 6 1943

Registration District No. **34**

Primary Registration District No. **5117**

Registrar's No. **45**

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
8 miles east of Ashland Mo
(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

3. (a) PRINT FULL NAME Sallie Jane Hinkshaw

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Theran Hinkshaw

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

7. Birth date of deceased Sept 12 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>1</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Doc Boyd

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

14. Maiden name Elizabeth Woolery

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

16. (a) Informant Doc Hinkshaw

(b) Address Ashland Mo

17. (a) Burial (b) Date thereof 10/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millersville Cem.

18. (a) Signature of funeral director W. J. Burns

(b) Address Ashland Mo.

19. (a) 10/23/43 (b) Mrs. Alice Estis
(Date received local registrar) (Registrar's signature)

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. 8 miles east of Ashland Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1943 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct-1
to Oct-18 1943
that I last saw her alive on Oct-17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 127

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? _____

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

23. Signature H. B. Burns (M. D. or other) _____

Address Ashland Mo. Date signed 10-23-43

1246

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. M. Burnett

Licensed Embalmer No. 2564

P. O. Address Ashtland 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.