

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34721

State File No. \_\_\_\_\_

NOV 6 1943

Registration District No. 1246

Primary Registration District No. 54 59

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Bois D'Arc - Rural - Center Township  
(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)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Isiah Marion Hinshaw

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 Married  
6. (b) Name of husband or wife Ella Squibb Hinshaw 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 19 1866 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 3 14 hr. min.

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

10. Usual occupation farmer

11. Industry or business farmer & stock raiser

12. Name Newton Hinshaw

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

14. Maiden name Elena B. Briant

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

16. (a) Informant Mrs. Ella Hinshaw

(b) Address Bois D'Arc Mo.

17. (a) Burial (b) Date thereof Oct. 8 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Samuel

(b) Address Walnut Grove, Missouri

19. (a) Oct. 8-1943 (b) Juwill Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 38  
(c) City or town Bois D'Arc, Mo. 0  
(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 Oct day 3rd  
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from No physician for attendance 19 \_\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral occlusion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 94a  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Minny L. Stone (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 10-7-43

RECEIVED  
RECEIVED  
Greene County Health Office,  
Greene County  
County File Number 43-11-106  
County File Number  
Date Filed 11/4/43  
Date Filed

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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

*W. T. Birch*

Licensed Embalmer No. 3856

P. O. Address Ash Grove, 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.