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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

NOV 6 1943

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35815

State File No. ....

Registrar's No. 122

Registration District No. 316

Primary Registration District No. 3059

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Bonne Terre  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Farmington (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUISE YANCEY HINCHEY

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife A. H. Hinchey 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 14 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Music Teacher

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name C. D. Yancey  
13. Birthplace Arcadia Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mitchell  
15. Birthplace Farmington Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles H. Hinchey

(b) Address St. Louis, Mo

17. (a) Burial (b) Date thereof 10/23/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem, Linton, Mo

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo

19. (a) 10/22/43 (b) Byrdie Burmaster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22  
year 1943 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from 19 Jan  
1940 to Oct 21 1943  
that I last saw her alive on Oct 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Adeno-carcinoma of left lung - 6 mos.  
Due to Adeno-carcinoma of left breast 2 yrs.  
Due to \_\_\_\_\_ 4 yrs.

Other conditions Hypertension + arterial sclerosis 2 yrs.  
(Include pregnancy within 6 months of death)

Major findings: Adeno-carcinoma of breast - Pleural fluid of autopsy positive (before death) for carcinoma.  
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 \_\_\_\_\_

Signature Geo. R. Walston (M. D. or other)  
Address Farmington, Mo Date signed 10-23-43

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

RECEIVED

District Health Officer No. 4

District File Number 1143-2860

Date Filed 11-5-43

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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 Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.**