

FILED JAN 10 1944
52
Registration District No. _____

Primary Registration District No. **3009**

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

1. PLACE OF DEATH:

(a) County **Cape Girardeau**

(b) City or town **Jackson**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **68 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cape Girardeau**

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

(d) Street No. **2nd East St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Wilhelmina L. Hines**

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

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife **TD Hines** 6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **April 17 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	7	13	hr. ✓ min.

9. Birthplace **near Graniteville Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Frederick Brückmann**

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

14. Maiden name **Eugene M. Neill**

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

16. (a) Informant **Frank Hines**

(b) Address **Jackson, Mo.**

17. (a) **Burial** (b) Date thereof **12-12-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Russell Heaphin**

18. (a) Signature of funeral director **J. G. Bracraft**

(b) Address **Jackson, Mo.**

19. (a) **1/22 1943** (b) **J. H. Reuter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **10**
year **1943** hour **5** minute **7 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal Inflammation + shock**

Due to **Coughed left chest due to lying over by left front Automobile to bed**

Other conditions (Include pregnancy within 3 months of death) **1700-6**

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following;

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Dec. 10, 1943**

(c) Where did injury occur? **Jackson Cape Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Barton St.

While at work? **no.** (Specify type of place) (e) Means of injury **Automobile**

23. Signature **Dr. J. F. Sigmond's Coroner**
Address **Jackson, Mo.** Date signed **12/10/43**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

JAN 18 1944

RECEIVED

District Health Officer No. 4
District File Number 144 - 3210
Date Filed 1-8-44

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 Thos. K. Allen

Licensed Embalmer No. 40555

P. O. Address Jackson

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.