S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7178

State File No. 7178

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 187

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 464 E. Elm (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community 16 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 464 E. Elm (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Gordon Hinton

3. (b) If veteran, name war Unk.

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice Florine Hinton

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

7. Birth date of deceased Jan. (Month) 7 (Day) 1882 (Year)

8. AGE: Years 62 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Gas & Electric Co.

FATHER
12. Name William Hinton
13. Birthplace Unk. (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name Louisa Wheeler
15. Birthplace Unk. (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Mrs. J. G. Hinton

(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer

(b) Address Springfield Mo.

19. (a) 2-23-44 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/22 day year 1944 hour 11 33 minute a M.

21. I hereby certify that I attended the deceased from Dec 8, 1941, to date 2/22, 1944 that I last saw him alive on 2/22/44, 19 and that death occurred on the date and hour stated above.

Immediate cause of death staph coccus infection left Kidney

Due to Occipital fracture & hemorrhage with hemiplegia

Due to r. side & speech centers

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy

Duration

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) Accident

(b) Date of occurrence 12/8/41

(c) Where did injury occur? At his home Spfd Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? No (Means of injury) fell in bath tub

23. Signature W. W. Wiles (M. D. ~~or other~~)

Address Holland Bldg Spfd Date signed 2/22/44

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 9 1944

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 Harlan Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield, 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.