

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1944
224

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 167

1. PLACE OF DEATH:
(a) County Moniteau Co.
(b) City or town California, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
605 So Oak St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 Mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Centertown, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Centertown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Adam Hinkel
(b) If veteran, No name war _____
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 31
year 1944 hour 3 minute 15 A. M.
21. I hereby certify that I attended the deceased from March 4, 1944, to March 31, 1944,
that I last saw him alive on March 30, 1944,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, 2 divorced, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

Immediate cause of death
Decompenated myocardial disease with massive edema.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

7. Birth date of deceased July 7 1856
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
87 8 24 hr. _____ min.

Major findings: none
Of operations _____
Of autopsy none
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 _____

9. Birthplace Maryland
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business _____
12. Name Adam Hinkel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christina Shafer
15. Birthplace Maryland
(City, town, or county) (State or foreign country)
16. (a) Informant Fred L Hinkel
(b) Address California Mo
17. (a) Burial (b) Date thereof April 2, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Luthurn Cem. Centertown
18. (a) Signature of funeral director BOWLIN Funeral Home
(b) Address California, Mo
19. (a) 4-8 (b) G. J. Hinkel
(Date received local registrar) (Registrar's signature)

23. Signature Edgar A. Kille (M. D. or other) _____
Address California Mo Date signed 4/1/44

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

2
3
9
7823

1512

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 4-27-44

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 Earl R. Bowlin
Licensed Embalmer No. 2126
P. O. Address California, 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.