DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17887

Registration District No. 99 Primary Registration District No. 5380 Registrar's No. 207

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Clarksdale Rural Wash. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DeKalb
(c) City or town Clarksdale Rural (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 0

3. (a) PRINT FULL NAME Stonewall Jackson Hines.
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 Blanch Hines. 6. (c) Age of husband or wife if alive 55. years
7. Birth date of deceased Jan (Month) 10 (Day) 1875. (Year)
8. AGE: Years 69 Months 3 Days 3 If less than one day ____ hr. ____ min.
9. Birthplace Clarksdale Dekalb Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business ____
MOTHER FATHER
12. Name Chas Hines
13. Birthplace Missouri. (City, town, or county) (State or foreign country)
14. Maiden name Sallie Thornton.
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Granville Robison
(b) Address Clarksdale Mo. Rural
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof Apr 16 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Plesantgrove Cemetery
18. (a) Signature of funeral director J. G. Lyon
(b) Address Stewartsville Mo.
19. (a) Apr 14 1944 (Date received local registrar) (b) John Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 13. year 1944 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov. 12, 1943, to April 13 1944 that I last saw h. alive on April 12 19xx and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature N. S. Gale (M. D. or other)
Address Osborn Mo. Date signed 4/14/xx

1318 (Licensed Embalmer's Statement on Reverse Side)

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: J. G. Lyon

Licensed Embalmer No. 95-2

P. O. Address: Stewartsville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.