

FILED AUG 11 1944

State File No. \_\_\_\_\_  
Registrar's No. 219

Registration District No. \_\_\_\_\_

Primary Registration District No. 4172

1. PLACE OF DEATH

(a) County W. Kalb  
(b) City or town Stewartville Missouri  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 32  
(c) City or town Stewartville MO 00  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME

Alvin E. Hinderks

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 488-143944

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ella Hinderks

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 5 1881  
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 3  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Stewartville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation CAR PENTER

11. Industry or business

12. Name Henry Hinderks

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

14. Maiden name Mary Pienkowsky

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

16. (a) Informant Mrs. A.C. Hinderks

(b) Address Stewartville MO

17. (a) \_\_\_\_\_; (b) Date thereof July 10-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director J. S. Gale

(b) Address Stewartville Mo.

19. (a) 7-31-44 (b) John Clark  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1944 Hour 6 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 15 1944 to July 8 1944  
that I last saw him alive on July 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) H62

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. S. Gale (M. D. or other) \_\_\_\_\_  
Address O.S. born MO Date signed July 7/44

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

MOTHER FATHER

1518

**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. [Signature]*  
Licensed Embalmer No. 952  
P. O. Address Stewartville 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.**