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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 22 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28546

Registration District No. 280 Primary Registration District No. 5963 Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Rural Mo. Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Houston lake 3
(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 Mo (b) County Linn 58
(c) City or town Meadville Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country — 1

3. (a) PRINT FULL NAME Edith Joyce Hinton
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William J Hinton
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased March 6 (Month) 1920 (Day) (Year)

8. AGE: Years 24 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Meadville (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation General industries
11. Industry or business Record Clerk
FATHER
12. Name James A. German
13. Birthplace Yates City (City, town, or county) Ill. 1 (State or foreign country)
MOTHER
14. Maiden name Ester M. Brinkman
15. Birthplace La Grange (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant James A. German
(b) Address Meadville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation Meadville Cemetery
18. (a) Signature of funeral director Leland Francis
(b) Address Parkville Mo.
19. (a) Aug 19-44 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th year 1944 hour 4 minute 14 P M.
21. I hereby certify that I attended the deceased from Aug 7th 1944, to Aug 7 1944 that I last saw her alive on Aug 7 1944 and that death occurred on the date and hour stated above.
Immediate cause of death Drowned
Due to Wading in deep water
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy Body viewed

Duration 5 minutes

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 1 93
(b) Date of occurrence Aug 7 1944
(c) Where did injury occur? North Bank of Houston Lake (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No (e) Means of injury Drowning
23. Signature M H Moore 3 (M. D. or other) Coroner
Address Dearborn Mo Date signed 8/11/44

1209

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1944

Carcass. 12,75.

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Leland H Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.