

FILED SEP 18 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7695

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Cadet, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Elsie Hinch

(b) If veteran, name war _____

(c) Social Security No. None

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Arthur A. Hinch
(c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 5 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Washington Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER } 12. Name Mose Durbin
FATHER } 13. Birthplace Not known (City, town, or county) (State or foreign country)
14. Maiden name Villmar
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant John H. Hinch
(b) Address 110 E. Third St. Desoto
17. (a) Burial (b) Date thereof 9-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blackwell, Mo.

18. (a) Signature of funeral director J. Lee Mothershead
(b) Address De Soto, Mo.

19. (a) SEP 6 1944 (b) J. H. Hinch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd
year 1944 hour 2 minute 2 M.

21. I hereby certify that I attended the deceased from August 30th, 1944, to Sept 3rd, 1944
that I last saw her alive on Sept 3rd, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic abscess
Due to unknown cause

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Pelvic abscess
Of operations _____
Of autopsy _____

Duration about 2 weeks

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? _____ (c) Means of injury _____
23. Signature John H. Hinch (M. D. or other) M.D.
Address Indefatigable Bldg. Date signed 9-4-44

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

5
7
9

9692

9692

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. E. Moherhead*

Licensed Embalmer No. *3531*

P. O. Address *Esoto 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.