

38557

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 14 1944

Registration District No. 246

Primary Registration District No. 5944

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St. James Rural (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) County Phelps

(b) City or town St. James Rural (If outside city or town limits, write "RURAL")

(c) Street No. _____ (If rural, give location) _____

(d) Street No. _____ (If rural, give location) _____

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Anna C Hinkle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Chas Hinkle 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased 7-27-1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>3</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER

12. Name Don't know

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

14. Maiden name D. A.

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

16. (a) Informant's own signature Anna Turabolt

(b) Address Rosalia mo

17. (a) Rural (b) Date thereof 11-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bronstoner Cem

18. (a) Signature of funeral director W. H. Schickel

(b) Address St. James mo

19. (a) 11-20-1944 (b) K. H. Hinkle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2
year 1944 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from March, 1944, to 11-2-44, 1944; that I last saw her alive on Aug. 31, 1944, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to _____

Due to 467

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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 W. H. Schickel (M. D. or other) MD

Address St. James mo Date signed 11-20-44

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 1 1948

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 W. E. Licklider

Licensed Embalmer No. 1970

P. O. Address. St. James 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, above space should be left blank.