

FILED DEC 27 1944

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1201 Washington
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
 In this community Don't know

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
 (c) City or town K.C.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1201 Washington
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME

Rash W. HINTON

3. (b) If veteran, name war

Don't know

3. (c) Social Security No.

Don't know

4. Sex M

5. Color or race W

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

6. (c) Age of husband or wife if alive 2

6. (b) Name of husband or wife unknown

7. Birth date of deceased: June 29, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>5</u>	<u>14</u>	hr. min.

9. Birthplace

Dawn MO
(City, town, or county) (State or foreign country)

10. Usual occupation

Sign printer

11. Industry or business

MOTHER FATHER

12. Name George S. Hinton

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

14. Maiden name Elmer Williams

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

16. (a) Informant

Walter Hinton

(b) Address 142 Seward Liberty Mo

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof 12-15-44
(Month) (Day) (Year)

(c) Place: burial or cremation

Dawn MO

18. (a) Signature of funeral director

H. Tigerman & Sons

(b) Address

K.C. MO

19. (a)

12-15-44
(Date received local registrar)

(b) T.C. Brown (U.S.)
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
 year 1944 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from Coroner to Coroner, 1944 that I last saw him alive on Coroner, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarction

Due to senility

Due to Q38

Other conditions (Include pregnancy within 3 months of death)

Major findings: History & Inspection

Of autopsy no

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 James White (M. D. or other) _____
 Address 1424 property Date signed 12-13-44

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

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 Francis Walton

Licensed Embalmer No. 2744

P. O. Address KC 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.