No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

Registration District No. 354

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3829

Primary Registration District No. 6201

Registrar's No. 79

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

700

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural (Sargent twp)
(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) 1

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Sargent Twp. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James Hines

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased October 30, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	2	13	hr. min.

9. Birthplace Dent County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Simon Hines 1
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Evelyn Butterfield 1
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mr. & Mrs. Ben McCart

(b) Address Route 3, Willow Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/45 (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cemetery

18. (a) Signature of funeral director J.C. Burns

(b) Address Willow Springs, Mo.

19. (a) 1-16-45 (Date received local registrar) (b) Mrs Lou Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13
year 1945 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from 9-3-, 1937, to 1-14-, 1945
that I last saw him alive on 9-1-, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	8 yrs.
Due to Arteriosclerosis	
Due to	
Other conditions Chr. Bronchiectasis (Include pregnancy within 3 months of death)	15 yrs.

Major findings:
Of operations 93d
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] 0 (M. D. or other)

Address Willow Springs Mo Date signed 1-15-45

1239

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 245-47
Date Filed 2-8-45

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 C Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, M

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.