S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9433

State File No.

Registration District No. 17 Primary Registration District No. 3012 Registrar's No. 34

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether
In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison 3
(c) City or town Tarkio 2
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jack Paul Hinshaw

3. (b) If veteran, name war World War II

3. (c) Social Security No. 487-01-4418

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased November 8 1924
(Month) (Day) (Year)

8. AGE: Years 20 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation Baker - unemployed

11. Industry or business Baker "

FATHER
12. Name Bill M. Hinshaw
13. Birthplace Springfield (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Bessie N. Elliott
15. Birthplace Springfield (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Hospital Records, Veterans Admin-
(b) Address istration, Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio, Mo.

18. (a) Signature of funeral director Herbert Hope
(b) Address HERBERT HOPE, Undertaker, Excelsior Springs, Missouri.

19. (a) 3-15-45 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

1166

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1945 hour 8:05 minute A. M.

21. I hereby certify that I attended the deceased from November 15, 1945 to March 15, 1945; that I last saw him alive on March 15, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced, active	unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations 13 1/2	
Of autopsy No 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 Ernest M Tapp (M. D. or other) M.D.
Address Veterans Administration, Excelsior Springs, Mo. Date signed 3-15-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/6/47

DEC 6 1946

JAN 10 1947

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 James A. Nolen

Licensed Embalmer No. 32-96

P. O. Address Ev Springs 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.