

FILED MAY 10 1945

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 117

1. PLACE OF DEATH

(a) County CALLAWAY

(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
22 S. RAVINE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 MONTHS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

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

(d) Street No. 22 S. RAVINE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME TIP SITTON HINSHAW

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1945 hour 4 minute 59 P.M.

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife ALLEN E. HINSHAW

6. (c) Age of husband or wife if alive deceased years 26 days 1885

7. Birth date of deceased: (Month) MAR. (Day) 26 (Year) 1885

21. I hereby certify that I attended the deceased from 12/13, 1944 to 4/2, 1945;

that I last saw h.e.r. alive on 4/2, 1945;

and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 0 Days 7

If less than one day _____ hr. _____ min.

Immediate cause of death generalized Convulsions primary site - right heart

Due to _____

Due to 50

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

10. Usual occupation HOUSEKEEPER

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

Major findings: Of operations careening of st. heart.

Of autopsy none

11. Industry or business _____

12. Name J. A. ALEXANDER

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

14. Maiden name VIRGINIA CRUMP

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

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 _____

16. (a) Informant MRS TED HACKMAN

(b) Address FULTON, MO.

23. Signature Henry D. ... (M. D. or other) h.s.D.

Address Fulton, Mo. Date signed 4/5/45

17. (a) BURIAL (b) Date thereof APR. 5, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edm-Wood Mexico, MO

18. (a) Signature of funeral director Glenn Y. Mays

(b) Address 712 Court St. Fulton, Mo.

19. (a) April 5 1945 (b) Joan Mouskoff
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

4
1
2

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-9-48

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: Glen J. Manaris

Licensed Embalmer No. 2725

P. O. Address: Fulton, 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.