

FILED SEP 4 1945  
1  
1  
7  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 4045/2 Primary Registration District No. 000 Registrar's No. 976

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. Meth. Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 16 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 313 So 5th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clarence W. Hindman  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 27 year 1945 hour 5 minute 20 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 29 1866 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/17/45 to 8/27/45, 1945; that I last saw him alive on 8/27/45, 1945; and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Hypertension

9. Birthplace Bedford Iowa (City, town, or county) (State or foreign country)  
10. Usual occupation Retired Laborer

Other conditions Hypertrophy of prostate  
Major findings: Of operations \_\_\_\_\_ Of autopsy 932

11. Industry or business \_\_\_\_\_  
12. Name Frank J. Hindman  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Fredyn Husband  
15. Birthplace \_\_\_\_\_ (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? \_\_\_\_\_

16. (a) Informant Jessie Wood  
(b) Address St Joseph Mo.  
17. (a) Burial (b) Date thereof 8-29-45 (Month) (Day) (Year)  
(c) Place: burial or cremation Bedford Iowa  
18. (a) Signature of funeral director Fleeman & Son Inc  
(b) Address St Joseph Mo  
19. (a) 8-29-45 (Date received local registrar) (b) Kelvin P. Peck (Registrar's Signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury C  
23. Signature Charles Greenberg (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 8/29/45

**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~~.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

*Robert H. Yank*

Licensed Embalmer No. ....

*3308*

P. O. Address.....

*St. Joseph, 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.**