

U. S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

State File No. **28150**
 Registrar's No. **215**

FILED SEP 13 1945

Registration District No. **274** Primary Registration District No. **5922**

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

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Lamonte (rural) Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route 2 3 miles south of Lamonte
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community about four days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Lamonte
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 2, 3 miles south of Lamonte
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Albert Hinzler
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Mrs. Myrtle Hinzler 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 4, 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Tinner
 11. Industry or business Railroad shops

MOTHER FATHER

12. Name Louis Hinzler
 13. Birthplace unknown, Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Jennie Harmon
 15. Birthplace unknown, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Mpsick (dau.)
 (b) Address Route 2, Lamonte, Mo.
 17. (a) Burial (b) Date thereof 8/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Anne Ewing
 (b) Address Sedalia, Mo.
 19. (a) 8/18/45 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 16
 year 1945 hour 7:30 minute A. M.
 21. I hereby certify that I attended the deceased from 2 Aug 12 1945 to Aug 16 1945
 that I last saw him alive on Aug 14 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial disease
Chronic nephritis
 Due to _____

Due to Paralysis of lower extremities
due to an injury to spine about 2 yrs ago
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations 131b
 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? _____

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature H. A. Kite (M. D. or other) _____
 Address Green Ridge Mo. Date signed 8/16/45

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-12-45

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia, 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.