U. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1945

State File No. 37574

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 205

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 408 East Seventh St.
(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 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 408 East Seventh St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MATTIE A. HINDMAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Hindman

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

7. Birth date of deceased August (Month) 3 (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
93	3	18	hr. min.

9. Birthplace X (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Gibson Ladd
13. Birthplace X (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Abagail Welsh
15. Birthplace X (City, town, or county) Ky. (State or foreign country)

16. (a) Informant John Hindman
(b) Address Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Marionville Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri

19. (a) 11-23-45 (Date received local registrar) (b) A. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21. year 1945 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct 10, 1945, to Nov 21, 1945, that I last saw her alive on Nov. 19, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Hypertension	yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	

Major findings:
Of operations
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 [illegible] (M. D. or other) M.D.
Address Carthage Mo Date signed 11/23/45

1458 (Licensed Embalmer's Statement on Reverse Side)

45-11-949

AUG 15 1945

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 Ed Embalmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.