S. No. 2
M—2-43
5-17-39
I X35697

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

3601

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4578

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 47

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)
In this community: 1 Month

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

(c) City or town: Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 1 Bingham Rd. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: BETTY HINTON

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Col. John Hinton

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

7. Birth date of deceased: 11 (Month) - 29 (Day) - 1903 (Year)

8. AGE: Years 42 | Months 2 | Days 22 | If less than one day: hr. min.

9. Birthplace: Washington (City, town, or county) D.C. (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: Charles Freeman Fitts

13. Birthplace: Mass. (City, town, or county) (State or foreign country)

14. Maiden name: Martha Minetree

15. Birthplace: Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Col. John Hinton

(b) Address: 1 Bingham Rd., Columbia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-25-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington, D.C.

18. (a) Signature of funeral director: Parker Funeral Service

(b) Address: Columbia, Mo.

19. (a) 2-23-46 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 21 year: 1946 hour: 11 minute: 30 A. M.

21. I hereby certify that I attended the deceased from: Jan. 11 46, 19..., to: Feb. 21, 1946 that I last saw he alive on: Feb 21, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lupus Erythematosos	1942
Due to:	
Due to:	
Other conditions: 0 (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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): 0

(b) Date of occurrence: 0

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)

While at work? 0 (e) Means of injury: 0

23. Signature: Dudley Roberts (M. D. or other) MD

Address: Columbia Mo. Date signed: 2-22-46

3

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-11-46

APR 16 19[illegible]

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 Chas L Daring

Licensed Embalmer No. 4132

P. O. Address Columbia, M

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.