

S. No. 2  
UM-5-43  
v. 5-17-39  
I X36671

State File No.

FILED MAR 12 1946

Registration District No. 227

Primary Registration District No. 3803

Registrar's No. 7

1. PLACE OF DEATH:  
 (a) County Monroe  
 (b) City or town Rural - Jackson Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Monroe Co. Infirmary 5  
 (If not in hospital or institution, write street number & location)  
 (d) Length of stay: In hospital or institution 2 yrs.  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Monroe 69  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. RFD Stoutsville, Mo.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.

3. (a) PRINT FULL NAME William A. Hinson

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased. Oct. 6th 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>15</u>	hr. min.

9. Birthplace Florida Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business.

MOTHER FATHER

12. Name Jackson Hinson

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

14. Maiden name Elizabeth Griffith

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

16. (a) Informant Lucy A. Burdett

(b) Address Stoutsville, Mo.

17. (a) burial (b) Date thereof 2-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stoutsville, Mo.

18. (a) Signature of funeral director J. Nelson

(b) Address Monroe City, Mo.

19. (a) 2-21-46 (b) Edith Baker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1946 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from Feb 18 to Feb 21 1946  
that I last saw him alive on Feb 21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Terrifying Throat  
Duration 3 Days

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations  
 Of autopsy 940

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) (or) Means of injury  
 23. Signature Geo W. [Signature] (M. D. or other)  
 Address Paris, Missouri Date signed 2-21-46

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

MAR 19 1946

RECEIVED  
District Health Officer No. 10  
District File Number 3-46-410  
Date Filed MAR 9 1946

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 *Levie L. Nelson*

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.