

No. 2
5-43
1-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9159**
Registrar's No. **31**

Registration District No. **133** Primary Registration District No. **3022**

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

1. PLACE OF DEATH:
(a) County **Harrison**
(b) City or town **Bethany**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days) **none**

3. (a) PRINT FULL NAME **William F. Hininger**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **none** years
7. Birth date of deceased **October 18, 1877**
(Month) (Day) (Year)

8. AGE: Years **68** Months **5** Days **1** If less than one day hr. min.

9. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business **farm**

MOTHER FATHER
12. Name **Christopher Hininger**
13. Birthplace **Baden, Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Danner**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sam Kreamer**

(b) Address **Blythedale, Mo.**

17. (a) **Burial** (b) Date thereof **3-21-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blythedale, Mo.**

18. (a) Signature of funeral director **M.B. Haas**

(b) Address **Bethany, Mo.**

19. (a) **Mar 21 1946** (b) **Zola Burris**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Harrison** **41**
(c) City or town **Blythedale**
(If outside city or town limits, write "RURAL") **3**
(d) Street No. **Marion Twp.**
(If rural, give location) **7**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19**
year **1946** hour **9** minute **45** A. M.
21. I hereby certify that I attended the deceased from **19** to **19**;
that I last saw him **on** **19**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Duration

Due to
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations **g.m.**
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) **3**
(c) Means of injury
23. Signature **Joe E. Wheeler** **Colonel**
(M.D. or other)
Address **Bethany Mo** Date signed **3/21/46**

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Melvin B. Haas
Licensed Embalmer No. 3899
P. O. Address Bethany 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.