

**FILED** MAY - 7 1946

Registration District No. **64**

Primary Registration District No. **5244**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County **Chariton**  
(b) City or town **Rural (Cockrell TWP)**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1/2 Mile West on road D from road 129**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **40 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Chariton**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1/2 Mile West on D from road 129**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

**Charity Hinkle**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **female**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **m /**

6. (b) Name of husband or wife

**Thomas Hinkle**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased

**Feb 22 1884**

8. AGE:

Years

Months

Days

If less than one day

**62**

**2**

**2**

hr. min.

9. Birthplace

(City, town, or county)

**Kentucky**  
(State or foreign country)

10. Usual occupation

**Housewife**

11. Industry or business

MOTHER FATHER

12. Name

**Jeff Hammons**

13. Birthplace

(City, town, or county)

**Kentucky**  
(State or foreign country)

14. Maiden name

**Rebecca Walker**

15. Birthplace

(City, town, or county)

**Kentucky**  
(State or foreign country)

16. (a) Informant

**Thomas Hinkle**

(b) Address

**Bynumville, Mo**

17. (a) **burial**

(Burial, cremation, or removal)

(b) Date thereof

**4-26-1946**  
(Month) (Day) (Year)

(c) Place: burial or cremation

**Fitzgerald Cemetery**

18. (a) Signature of funeral director

**Shast Winhelinger**

(b) Address

**Salisbury, Mo**

19. (a) **May 1, 1946**

(Date received local registrar)

(b) **Shast Winhelinger**  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **24**  
year **1946** hour **4** minute **a** M.

21. I hereby certify that I attended the deceased from **Apr 23** 19**46** to **April 24** 19**46**  
that I last saw h. **w** alive on **March 9** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Coronary thrombosis**  
**Coronary sclerosis**

Due to

**Cerebral sclerosis**  
**Generalized arteriosclerosis**

Due to

Other conditions

**none**

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

**30 min**  
**3 yrs**  
**1 yr**  
**5 yrs**

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)

(b) Means of injury

23. Signature **J. L. Hammons** (M. D. or other) **MD**  
Address **Salisbury, Mo** Date signed **5-1-46**

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

11431

1254

21  
00  
00  
00

RECEIVED

District

District

5-6-46

MAY 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 Chas W. Windelmeyer  
Licensed Embalmer No. 3842  
P. O. Address Salisbury, 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.