

FILED MAY 9 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 115

1. PLACE OF DEATH:

(a) County: DeKalb

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

(c) Name of hospital or institution: 300 Anthony
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community: 38 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: DeKalb ³⁵

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

(d) Street No.: 300 Anthony ²¹
(If rural, give location) ⁰

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

If yes, name country: _____

3. (a) PRINT FULL NAME: William Thomas Hines

3. (b) If veteran, name war: _____

3. (c) Social Security No.: no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29
year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 20
1946 to April 28 1946
that I last saw him alive on April 20 1946
and that death occurred on the date and hour stated above.

4. Sex: male 5. Color or race: White

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

6. (b) Name of husband or wife: Virginia Hines 6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: April 10 1850
(Month) (Day) (Year)

Immediate cause of death: Cerebral thrombosis ^{10 days}

Due to: Chronic arteriosclerosis ^{unknown}

Due to: _____

Other conditions: _____
(include pregnancy within 3 months of death)

8. AGE: Years 86 Months 18 If less than one day _____ hr. _____ min.

9. Birthplace: James Town Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation: Lumber man

PHYSICIAN

Major findings:
Of operations: cf 38

Of autopsy: _____

Underline the cause to which death should be charged statistically.

11. Industry or business: _____

12. Name: Wm. Hines

13. Birthplace: James Town Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name: Ellen Taylor

15. Birthplace: James Town Tenn.
(City, town, or county) (State or foreign country)

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)

(e) Means of injury: 2

23. Signature: Wm. H. Christian (M. D. or other) DO.
Address: Kennett, Mo. Date signed: 4-29-46

16. (a) Informant: Mrs. W. T. Hines

(b) Address: 300 Anthony St.

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: 5-1-46
(Month) (Day) (Year)

(c) Place: burial or cremation: Oak Ridge

18. (a) Signature of funeral director: Smith and Co

(b) Address: Kennett, Mo.

19. (a) 4-29-1946 (b) Carl Husband
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 546-592

Date Filed 5-7-46

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 Walter C. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.