

FILED JUN 10 1946

Registration District No. **111**

Primary Registration District No. **4183**

Registrar's No. **37**

1. PLACE OF DEATH:

(a) County **FRANKLIN**
(b) City or town **PACIFIC**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **AT HOME**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community **17 YEARS**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **FRANKLIN**
(c) City or town **PACIFIC**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JAMES LAMBRIGHT HINDING**
(b) If veteran, name war **No**
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18**
year **1946** hour **12** minute **15** A.M.
21. I hereby certify that I attended the deceased from **July 1942**
_____ 19____ to **May 18 1946**

4. Sex **MALE** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **VIRGINIA HINDING**
6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **Feb. 5 1905**
(Month) (Day) (Year)

that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

CORONARY THROMBOSIS

8. AGE: Years **41** Months **3** Days **13** If less than one day
hr. _____ min. _____

Due to _____
Due to _____

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

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)

10. Usual occupation **ATTORNEY AT LAW**

Major findings:
Of operations _____

11. Industry or business **OWN OFFICE**

Of autopsy **no aut.**

12. Name **James L. Hinding**
13. Birthplace **Delhia La.**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Kautsky**
15. Birthplace **Delhia La.**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **VIRGINIA HINDING**

22. If death was due to external causes, fill in the following:

(b) Address **PACIFIC, MO.**
17. (a) **BURIAL** (b) Date thereof **5-20-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation **PACIFIC, MO.**

While at work? _____ (Specify type of place) (c) Means of injury _____

18. (a) Signature of funeral director **J. L. Sheehan**

(b) Address **PACIFIC, MO.**

19. (a) **June 3/46** (b) **May 13 1946**
(Date received local registrar) (Registrar's signature)

23. Signature **A. B. Cooper** (M. D. or other) _____
Address **Pacific, Mo.** Date signed **May 20 46**

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

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RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-8-46

APR 12 1949

JUN 18 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 Geo L. Phelps
Licensed Embalmer No. 3008
P. O. Address Peapack

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.