

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

State File No. _____

Registrar's No. 23

Registration District No. 178

Primary Registration District No. 5654

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Miller Lincoln

(c) Name of hospital or institution Residence 1

(If not in hospital or institution, write street number or location)

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

In this community Native years, months or days

3. (a) PRINT FULL NAME William J. Hinshaw

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Artemida Hinshaw

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 10 - 8 - 1862

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 7 24 hr. min.

9. Birthplace Lawrence Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name W. H. Hinshaw

13. Birthplace Randolph Co. N. C.

(City, town, or county) (State or foreign country)

14. Maiden name Webb

15. Birthplace Lawrence Co. Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant Gen. Hinshaw

(b) Address Miller Mo.

17. (a) Burial (b) Date thereof 6-3-1946

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb Cemetery

18. (a) Signature of funeral director Marion - Leiman

(b) Address Miller Mo.

19. (a) 7-1-46 (b) W. S. B. B. B.

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Miller A.R.

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1

year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5/3/46 to 6/1/46

that I last saw him alive on 5/8/46 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis & Cardiac Hypertrophy

Due to Senility

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 13/46

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Th. Sanders (M. D. or other) Th. Sanders

Address Miller Mo. Date signed 4/4/46

RECEIVED

District Health Officer No. 6,

District File Number 746-725

Date Filed JUL 9 - 1948

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 E. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.