S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Phipps

State File No. 21036

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 65

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: Fullett ave 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")

(d) Street No. Fullett ave 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Cora Hinthorn

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Frank Hinthorn | 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July (Month) 6 (Day) 1880 (Year)

8. AGE: Years 65 | Months 11 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Alton (City, town, or county) Inda. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John J. Bullock
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Cora May Malin
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Hinthorn 1
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie

18. (a) Signature of funeral director LaForge Mud. Co.
(b) Address Caruthersville Mo.

19. (a) 7-9-46 (Date received local registrar) (b) Tressie B. Wiek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1946 hour 10 minute 30P M.

21. I hereby certify that I attended the deceased from May 12, 1946, to June 8, 1946;
that I last saw er alive on June 8, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis, interstitial, chronic.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature G. W. Phipps (M. D. or other) 1

Address Caruthersville, Mo. Date signed 6/20/46

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(Licensed Embalmer's Statement on Reverse Side)

7-46-156

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Noel C. Drane

Licensed Embalmer No. 3941

P. O. Address Carrollton, 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.