

S. No. 2
M-5-43
7-5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25902**
Registrar's No. **125**

FILED AUG 24 1946

Registration District No. _____ Primary Registration District No. **372**

1. PLACE OF DEATH:

(a) County **Saline**

(b) City or town **Marshall, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Putnam Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) **All His Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline** 99

(c) City or town **Marshall** 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. **431 North Bond** 0
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Elisha F. Hinton**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19**
year **1946** hour **2** minute **40 P. M.**

21. I hereby certify that I attended the deceased from
June 26 1946, to **July 19** 1946
that I last saw h. i. m. alive on **July 19** 1946
and that death occurred on the date and hour stated above.

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed** 2

6. (b) Name of husband or wife **Mary M. King** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 12 1864**
(Month) (Day) (Year)

Immediate cause of death.	Duration
Cerebral Hemorrhage	4 days
Due to Cerebral Hemorrhage	14 mo
Due to Hypertension	2 yrs

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

Major findings:
Of operations **g3c**

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
81 **10** **7** _____ hr. _____ min.

9. Birthplace **Peoria** **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **!!!**

12. Name **Enoch H. Hinton**

13. Birthplace **Unknown** **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Saunders**

15. Birthplace **Unknown** **Unknown** 7
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Harry Fall**

(b) Address **Marshall, Mo.**

17. (a) **Burial** (b) Date thereof **7/21/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nelson Cemetery**

18. (a) Signature of funeral director **J. Leslie Sumner**

(b) Address **Marshall, Mo.**

19. (a) **7-21-46** (b) **Mrs. Towalbrook**
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature **Richard T. Mueller** M. D. or other **190.**
Address **Marshall, Mo.** Date signed **7-20-46**

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

297

RECEIVED

District Health Officer No. 8.

District File No.

Date

8-3-46

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 *J. Leslie Surrus*
Licensed Embalmer No. *3235*

P. O. Address *Marshall, Miss.*

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.