

U.S. No. 2  
FORM-5-43  
rev. 5-17-39  
X 36871

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

State File No. **29535**

Registration District No. **39**

Primary Registration District No. **5721-4030**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Boone

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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)

In this community \_\_\_\_\_ 81 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boone

(c) City or town Harrisburg  
(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** THOMAS FRANKLIN DINKLE

3. (b) If veteran, name war \_\_\_\_\_

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 Belle Smith Dinkle

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

7. Birth date of deceased 5 - 16 - 1865  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>81</u>	<u>3</u>	<u>21</u>	hr. _____ min.

9. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name William Dinkle

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Johnson

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant W.V. Whitesides

(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parsons Funeral Service

(b) Address Columbia, Mo.

19. (a) 9/12/46 (Date received local registrar) (b) Mrs. Roland Humber (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 7  
year 1946 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to Some form of heart ailment

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 950

Of autopsy \_\_\_\_\_

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? Yes (Specify type of place) (c) Means of injury 3

23. Signature J. J. [unclear] (Name or other) Coroner

Address Columbia Mo Date signed 9/14/46

Duration \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

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**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..... *Tom McHardy* .....

Licensed Embalmer No. *4067* .....

P. O. Address *Columbia, 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.**