V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30691

FILED SEP 18 1946

Registration District No. 126 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1304 Byers ave
(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 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1304 Byers ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Hines

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Alice B

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

7. Birth date of deceased January (Month) 10 (Day) 1882 (Year)

8. AGE: Years 64 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation Mason tender

11. Industry or business Jones Bro Const Co

MOTHER FATHER

12. Name James Hines

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

14. Maiden name Riddle Barton

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

16. (a) Informant Mrs Alice Hines

(b) Address 1304 Byers ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-46 (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Hornbeck-Dillon

(b) Address Joplin Mo.

19. (a) 9-19-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1946 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from May 3, 1946 to Aug 15, 1946 that I last saw him alive on Aug 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure — Duration

Due to Coronary disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 940

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

23. Signature W B Loveland (M. D. or other)

Address Joplin Mo Date signed 8/17/46

138 (Licensed Embalmer's Statement on Reverse Side)

46-8-759

SEP 26 1946

JAN 22 1947

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.....David Dillon.....

Licensed Embalmer No.....3898.....

P. O. Address.....Joplin, 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.