

FILED OCT 8 1946

State File No. _____

Registration District No. 38

Primary Registration District No. 5120

Registrar's No. 234

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway 63 South 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 49 Years
years, months or days)

3. (a) PRINT FULL NAME CECIL AMUS HINSHAW

3. (b) If veteran, None name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 - 8 - 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name A.F. Hinshaw 13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Charity Shouse 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde H. Hinshaw
(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 10-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parry Funeral Service
Columbia, Mo.
(b) Address _____

19. (a) Oct 3 1946 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Ashland
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1946 hour 1 minute 30 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 Skull fracture Duration _____

Due to _____
Due to Automobile wreck

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) Accident
(b) Date of occurrence Oct 1-1946
(c) Where did injury occur? Rt 63-Boone County Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? No (Specify type of place) (e) Means of injury Car

23. Signature E Howard Coroner
Address Columbia Mo Date signed 10/2/46

(Licensed Embalmer's Statement on Reverse Side)

S.H.P. Collision with other Motor Vehicle.

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

31551

Date Filed 10-8-46
District File Number

District Health Officer No. 9

RECEIVED

John A. Smith

John A. Smith

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 *Thas L. Young*

Licensed Embalmer No. 4132

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.