

No. 2
 5-17-46
 1-36671

FILED MAR 17 1947

Registration District No. **2-1-1**

Primary Registration District No. **5472**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Polk, Oregon
 (b) City or town Lawer
 (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 1
 In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo County Oregon
 (b) City or town Lawer, Mo.
 (If outside city or town limits, write "RURAL")
 (c) Street No. R.T.D.
 (If rural, give location)
 (d) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Myrtle Cinko
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
 4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife Paul Cinko 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 7-28-1890
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 22
 year 1946 hour 4 minute 30 A. M.
 21. I hereby certify that I attended the deceased from 1/22/46
1946, 19____, to 1/22/46, 19____
 that I last saw her alive on 1-22-46 and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Coronary Heart Disease
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death) 94A

MOTHER FATHER

9. Birthplace Moberly, Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Prater, Durham
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Low Hammond
 15. Birthplace unk
 (City, town, or county) (State or foreign country)
 16. (a) Informant Paul Cinko
 (b) Address Lawer, Mo
 17. (a) _____ (b) Date thereof 1-27-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Joseph
 18. (a) Signature of funeral director Robertson
 (b) Address West Plains, Mo
 19. (a) March 30, 47 (b) Ms. W. C. Johnson
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 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? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature W. C. Johnson (M.D. or other) _____
 Address West Plains, Mo 3/10/47 (Date signed)

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

233

(Licensed Embalmer's Statement on Reverse Side)

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

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: *Fige Robertson*
Licensed Embalmer No. *3432*
P. O. Address: *West Plains, 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.

10-10-11

Registration District No. 205

Primary Registration District No. 5872

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Roseburg
(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)
In this community 6 mo years, months or days (Specify whether)

3. (a) PRINT FULL NAME myrtle cinko

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased 7-28-1888
(Month) (Day) (Year)

8. AGE: Years 56 Months _____ Days _____ (Unless than one day)
hr. _____ min. _____

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

10. Usual occupations _____

11. Industry or business Housewife

12. Name Pratin Sherman

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

14. Maiden name Hamman

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

16. (a) Informant Paul Cinko

(b) Address Roseburg, MO

17. (a) (Burial, cremation, or removal) St Joseph (b) Date thereof 1-27-46
(Month) (Day) (Year)

(c) Place: burial or cremation _____

13. (c) Signature of funeral director Robert [unclear]

(b) Address West Plains, MO

19. (a) Mar 30 47 (b) MO W C Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 minute _____ M. _____

21. I hereby certify that I attended the deceased from _____ 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.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. E. Hoga M. D. or other? _____

Address West Plains, MO Date signed _____

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

SUPPLEMENTARY 2

MOTHER FATHER

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

43796-46

S-43796

17-08-2011