

FILED JUN 14 1947

Registration District No. **251**

Primary Registration District No. **4382**

Registrar's No. **117**

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

**1. PLACE OF DEATH:**  
 (a) County Nodaway  
 (b) City or town Parnell, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
No street address  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 4 Years  
years, months or days)

**3. (a) PRINT FULL NAME** JAMES ROBERT HINES  
 3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Myrtle Hines 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased May 6, 1879  
(Month), (Day) (Year)

**8. AGE:** Years 68 Months 0 Days 25 If less than one day  
hr. min.

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

10. Usual occupation Railroad-Retired

11. Industry or business None

**MOTHER FATHER**  
 12. Name Unknown 9  
 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Hines  
 (b) Address Parnell, Mo.

17. (a) Burial (b) Date thereof 6/2/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parnell Cemetery

18. (c) Signature of undertaker Funeral home

(b) Address 120 E. 1st, Maryville, Mo.

19. (a) 6/3/47 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Nodaway 74  
 (c) City or town Parnell  
(If outside city or town limits, write "RURAL")  
 (d) Street No. No street address  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country None

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 31  
 year 1947 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 31  
 1947 to May 31 1947

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease Duration now  
High Blood Pressure

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

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

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

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations none  
 Of autopsy \_\_\_\_\_  
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?

While at work? yes (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

23. Signature Ebert Crowson (M. D. or other) MD  
 Address Parnell Mo Date signed June 4

AUG 27 1947

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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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..... *W. L. Gee* .....

Licensed Embalmer No. *2539* .....

P. O. Address..... *Maryville, 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.**