

S. No. 2
-12-45
5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21827**

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **222**

1. PLACE OF DEATH:

(a) County **Pettis**

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

(c) Name of hospital or institution:
205 N. Washington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**

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

(d) Street No. **205 N. Washington**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Allison Hinkle**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Virginia Hinkle**

6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Dec. 4 1895**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	6	14	hr. _____ min. _____

9. Birthplace **Franklin County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tire Repairman**

11. Industry or business _____

12. Name **Sheperd Hinkle**

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

14. Maiden name **Lucy Ann Grooms**

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

16. (a) Informant **Mrs. Virginia Hinkle**

(b) Address **205 N. Washington - Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **6-23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sedalia, Mo. Crown Hill**

18. (a) Signature of funeral director **J. Price Alexander**

(b) Address **400 W. Cobey St. Sedalia, Mo.**

(a) **6-21-47** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18**
year **1947** hour **8** minute **45** M.

21. I hereby certify that I attended the deceased from **June 17 4:30 P.M.** 19**47** to **June 18 1947**
that I last saw him alive on **June 17 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to **arteriosclerosis maly**

Due to _____

Other conditions **1**
(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? _____

23. Signature **W. E. Best** (M. D.)
While at work? _____ (Specify type of place) (e) Means of injury _____

Address **Sedalia, Mo.** Date signed **6-24-47**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-9-47

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 J. P. Alexander

Licensed Embalmer No. 4746

P. O. Address Sedalia 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.