No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27727

Registrar's No. 3370

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1332 East 63rd Street 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 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 East 77th Ter. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME BRYAN C. HINKLE

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 486-10-7374

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lorraine M. Hinkle

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Nov. 19, 1896 (Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation Kansas City Power & Light Co.

11. Industry or business

FATHER
12. Name J. Hugh Hinkle
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Mc Kinnon
15. Birthplace Iowa 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lorraine Hinkle
(b) Address 1126 East 77th Ter.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mound City, Missouri

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 8-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from January 18, 1945, to August 7th, 1947; that I last saw him alive on June 27, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Coronary Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
Of autopsy	

PHYSICIAN

Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature George C. Lee (M. D. or other)
Address 1630 Professional Bldg. Date signed 8-8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 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 J. L. Freeman

Licensed Embalmer No. 2939

P. O. Address K. C. 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.