No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 30 1947
Registration District No. 3-7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 42074

Registrar's No. 258

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

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 1117 Sophia St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether
In this community: 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1117 Sophia St. 3 0
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: JOE N. HINSHAW

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Jennie Hinshaw

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: March (Month) 28 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	8	12	hr. min.

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

10. Usual occupation: retired miner

11. Industry or business: ditto

FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant: Mrs. Jennie Hinshaw
(b) Address: 1117 Sophia St, Carthage, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Dec 13, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery

18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.

19. (a) 12-12-1947 (Date received local registrar) (b) L. B. Clinton (Registrar's signature) 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1947 hour 7 minute 45 p M.

21. I hereby certify that I attended the deceased from July 10, 1947, to Dec 10, 1947;
that I last saw him alive on Dec 10, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	
Due to: Unclassified	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 5
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)

(e) Means of injury:

While at work?

23. Signature: R. E. Baker (M. D. or other)

Address: Carthage Date signed: 12-11-47.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-983

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..... Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.