S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1947

Registration District No. 285

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6776

State File No. 42649

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Walnut Grove Mo R3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rural Jackson Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 56 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Walnut Grove Mo R3
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Jackson, Twnsp
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna Margaret Hines

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Virgil M Hines

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

7. Birth date of deceased August (Month) 27 (Day) 1856 (Year)

8. AGE: Years 91 Months 3 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Keeping Farm Home

MOTHER FATHER

12. Name Dr. S. B. Neil

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

14. Maiden name Matissa Rountree

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

16. (a) Informant J. E. Hines

(b) Address Walnut Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Jesse A. Brown

(b) Address Walnut Grove Missouri

19. (a) Dec 26-1947 (Date received local registrar) (b) Lillie Frieze (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th year 1947 hour 7 minute 30 a M.

21. I hereby certify that I attended the deceased from Dec. 23, 1947, 19, to Dec. 24, 1947; that I last saw h. a alive on Dec. 24, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia (Lobar) — Duration 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. B. Davis D.O. (M. D. or other)

Address Walnut Grove Mo Date signed 12/26/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
Distr. 11-47-1981
Date Filed 12-29-47

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 Rex Miller, Registered Apprentice No. 459, working under my personal supervision.

Signed Gene A Brown

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.