

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4232
Registrar's No. 28

Registration District No. 37 Primary Registration District No. 5219

1. PLACE OF DEATH:
(a) County CASS
(b) City or town EAST LYONNE (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CASS 11
(c) City or town EAST LYONNE "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES W. HINOTE
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 26
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Found
dead at home to 1-30 1948
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race Wh.
6. (a) Single, widowed, married, divorced divorced
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOVEMBER 10 1870
(Month) (Day) (Year)

Immediate cause of death
CORONARY THROMBOSIS
Due to ARTERIOSCLEROTIC HEART DISEASE
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
77 2 16 hr. _____ min.
9. Birthplace CASS Co MISSOURI
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation CARPENTER
11. Industry or business _____
12. Name ALEXANDER HINOTE
13. Birthplace GOSPORT, INDIANA
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA E. KENNEDY
15. Birthplace SENECA, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Hinote
(b) Address Harrisonville Mo
17. (a) Burial (b) Date thereof 2-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pitts Chapel

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? A

18. (a) Signature of funeral director A. O. Naylor
(b) Address East Lyonne Mo
19. (a) Feb 14 1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature O. H. Barger (M. D. or other) MD.
Address Harrisonville Mo Date signed 1-31-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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..... *A. D. Hartley*

Licensed Embalmer No. *2717*

P. O. Address *East Lyme*

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.