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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9879

Registration District No. 314 Primary Registration District No. 4457 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair

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

(c) Name of hospital or institution: No. 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 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93

(c) City or town Lowry City Mo (If outside city or town limits, write "~~RURAL~~") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (~~Yes or~~ No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME Mattie Estella Hinkle

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Edward

6. (c) Age of husband ~~or wife if~~ alive 78 years

7. Birth date of deceased July (Month) 16 (Day) 1874 (Year)

8. AGE: Years 74 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Not Given (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business 0

FATHER
12. Name James Henry Chapman
13. Birthplace Dont Know (City, town, or county) Indiana (State or foreign country) 1

MOTHER
14. Maiden name Margaret Jane Campbell
15. Birthplace Indiana (City, town, or county) (State or foreign country) 1

16. (a) Informant W C Hinkle

(b) Address Lowry City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 1 (Day) 48 (Year)

(c) Place: burial ~~or cremation~~ Lowry City Cemetery

18. (a) Signature of funeral director H. C. Austin

(b) Address Lowry City Mo

19. (a) 4-2-1948 (Date received local registrar) (b) Ruth Seeurr (Registrar's signature) 768

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1948 hour 2 51 minute A.M.

21. I hereby certify that I attended the deceased from March 28, 1948, to March 31, 1948, that I last saw her alive on March 31, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia & Uremia	6 days
Due to Apoplexy	
Due to	
Other conditions Diabetes & Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 6

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 2

23. Signature J B Domann (M. D. or other) Dr.

Address Lowry City, Mo Date signed 4-1-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1,
District File Number 3-41-375
Date Filed 4-12-48

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 H. C. Justus

Licensed Embalmer No. 3609

P. O. Address Lowry City 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.