S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11634

Registration District No. 42 | Primary Registration District No. 5131 | Registrar's No. 412

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Tremont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR #1, Gower 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 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Tremont Twp.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Thomas Henry Hines

3. (b) If veteran, name war x x
3. (c) Social Security No. x x

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mattie Hines
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Feb (Month) 29 (Day) 1868 (Year)

8. AGE: Years 80 | Months 1 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace ✓✓ (City, town, or county) Virginia 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....

FATHER
12. Name Joseph Hines
13. Birthplace ✓✓ (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Lucy Alderson
15. Birthplace ✓✓ (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant Mrs. Thomas Hines
(b) Address Gower, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Gower Mo.
18. (a) Signature of funeral director D. D. Lyon
(b) Address Plattsburg, Mo.
19. (a) April 12, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 207

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1948 hour 7:22 minute A.M.

21. I hereby certify that I attended the deceased from February 21, 1947, to April 6, 1948; that I last saw him alive on April 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	3 yrs.
Due to Arteriosclerosis, General	10 yrs.
Due to	
Other conditions Nutritional Deficiency (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations None
Of autopsy None

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 Allen S. Herman (M. D. ~~or other~~) M.D.
Address 1302 Faraon Street St Joseph, Mo Date signed 4-12-48

(Licensed Embalmer's Statement on Reverse Side)

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 Donald W. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburgh Md

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.