S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16370

FILED JUN 1 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2134

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: 5520 VIRGINIA AVENUE 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 45 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5520 VIRGINIA AVENUE 8
(If rural, give location)

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

If yes, name country - - - - - -

3. (a) PRINT FULL NAME MRS. LIDA MAY HINKLE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ MR. WILLIAM M. HINKLE

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased NOVEMBER (Month) 27 (Day) 1880 (Year)

8. AGE: Years 67 | Months 5 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace GALLEON (City, town, or county) OHIO 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business - - - - - -

FATHER
12. Name WILLIAM FISHER
13. Birthplace BIRMINGHAM (City, town, or county) ENGLAND 4 (State or foreign country)

MOTHER
14. Maiden name HENRIETTA WEILER
15. Birthplace (City, town, or county) OHIO 1 (State or foreign country)

16. (a) Informant MR. WILLIAM M. HINKLE

(b) Address 5520 VIRGINIA AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 24 (Day) 1948 (Year)

(c) Place: burial ~~or cremation~~ FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401-BRUSH CREEK BLVD

19. (a) 5-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21 ST year 1948 hour 6 minute 30A. M.

21. I hereby certify that I attended the deceased from 3-1-45, 19__, to 5-21, 1948; that I last saw her alive on 5-20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	2 days
Due to Prem occlusion	1945
Due to Hypertension & arteriosclerosis	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations — 94a	
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 — 0

23. Signature [signature] (M. D. or other) MD

Address 1530 Prof Bldg Kansas City Mo Date signed 5-21-48

(Licensed Embalmer's Statement on Reverse Side)

13306 [illegible]
11-1, 2-6

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.