

FILED SEP 20 1948

State File No. _____

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Waynesville General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hours.
(Specify whether

In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Walter George Hinkle

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife SARAH HINKLE
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 25 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>15</u>	hr. min.

9. Birthplace Houston Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Alfred Hinkle

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

14. Maiden name Sarah Paper

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

16. (a) Informant Wilfred Hinkle

(b) Address Delbridge, Iowa

17. (a) BURIAL (b) Date thereof 9/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EMERY

18. (a) Signature of funeral director Raymond V. Gillert
(b) Address HOUSTON MO.

19. (a) 9-14-48 (b) A. Lebra C. Buckthorpe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 48 hour _____ minute 4:50 A.M.

21. I hereby certify that I attended the deceased from Sept 8
that I last saw him alive on Sept 9-10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration _____

Due to _____
Due to _____

Other conditions 1. Carcinoma of prostate
(Include pregnancy within 3 months of death)
2. Fracture of ribs

Major findings:
Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? _____

While at work? _____ (Specify type of place)
(If Means of injury) _____

23. Signature W. C. Buckthorpe (M. D. or other)
Address Waynesville Mo Date signed 9/14/48

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

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.

2B
45
43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. act
Registrar's No. 109

Registration District No. 290 Primary Registration District No. 4427

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

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

3. (a) PRINT FULL NAME Walter G Huckle
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept, Year 1948, Hour 11 minute 10 M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced wid
6. (c) Age of husband or wife if alive _____

Duration
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 786w

7. Birth date of deceased: April 25 (Month) 1911 (Day) 1911 (Year)
8. AGE: Years 71 Months _____ Days _____ If less than one day _____ hr. _____ min.

Physician
Major findings: Of operations _____
Of autopsy _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Aug 25 (approx) 1948
(c) Where did injury occur? Houston (City or town) MO (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home
While at work? no (Specify type of place) (e) Means of injury fall
23. Signature Wm R. Hoff (M. D. or other) _____
Address Waynesville, MO Date signed 10/2/48

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

1948

S-30672

1948

Wagon

Light

Wagon