

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 7 1949

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40663

State File No. \_\_\_\_\_

Registration District No. 172

Primary Registration District No. 4278

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Miller lineola  
(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)  
In this community Native years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME

Laurence B. Hinshaw

3. (b) If veteran,

name war. n

3. (c) Social Security

No. 496-16-8965

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 11 - 20 - 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>13</u>		hr. min.

9. Birthplace Lawrence Co. Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name DeKalk Bowles U

13. Birthplace Cooper Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Morris

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

16. (a) Informant Alvie Rose Sexton

(b) Address Miller Mo.

17. (a) Burial (b) Date thereof 12-5-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb

18. (a) Signature of funeral director Monie - Union

(b) Address Miller Mo.

19. (a) 12-15-48 (b) W.S. Boring  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Miller  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3  
year 1948 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 11-30-48  
\_\_\_\_\_, 19\_\_\_\_, to 12-3, 1948  
that I last saw h. 2 alive on 12-3, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 830

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)  
(e) Means of injury U

23. Signature W.S. Boring (M. D. or other) U

Address Miller, Mo. Date signed 12-20-48

RECEIVED

District Health Officer No. 6;

District File Number 149-18

Date Filed 1-5-49

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.....

Paul V. Louty, Registered Apprentice No. 236,  
working under my personal supervision.

Signed E. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.**