FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 8 1949

Registration District No. 337

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4496

7119

State File No.

Registrar's No. 37

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbyville
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shelby 102
(c) City or town Shelbyville 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Selby Hines
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 widowed
6. (b) Name of husband or wife J. Ed Hines
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 16 1866 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business
FATHER
12. Name Geo. W. Hall
13. Birthplace 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lovey Bruenton
15. Birthplace 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Eldrige Logan
(b) Address Shelbyville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3 1949 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Cemetery
18. (a) Signature of funeral director E. P. Thompson
(b) Address Shelbyville Mo 419
19. (a) Mar 4 1949 (Date received local registrar) (b) Ada Garrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1
year 1949 hour 12:30 minute p M.
21. I hereby certify that I attended the deceased from Feb 23 1949 to Mch 1 1949
that I last saw her alive on Feb 28 1949
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	1 week
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) Rheumatoid Arthritis	
Major findings: Of operations	
Of autopsy 23 IX	

PHYSICIAN
Underline the cause of 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 P. C. Archer (M. D. ~~or other~~)
Address Shelbyville Mo Date signed 3-4-49

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 3-49
MAR 7 - 1949

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 .....
.....Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed E. P. Thompson

Licensed Embalmer No. 1632 Mo

P. O. Address Shelbyville, 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.