

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

43338

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

97  
 12

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO: 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 226

1. PLACE OF DEATH  
 a. COUNTY Saline

2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission).  
 a. STATE Missouri b. COUNTY Saline

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall c. LENGTH OF STAY (in this place) 40 yrs.  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall

d. FULL NAME OF HOSPITAL OR INSTITUTION 474 South Redman d. STREET ADDRESS (If rural, give location) 474 South Redman

3. NAME OF DECEASED a. (First) Ernest b. (Middle) Horace c. (Last) Hincer 4. DATE OF DEATH (Month) (Day) (Year) Dec. 11 49

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH August 3, 1886 9. AGE (In years last birthday) 63 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Laborer 10b. KIND OF BUSINESS OR INDUSTRY Labor 11. BIRTHPLACE (State or foreign country) North, Marshall, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Hincer 13b. MOTHER'S MAIDEN NAME Susan Crawford 14. NAME OF HUSBAND OR WIFE Mrs. Devolia Hincer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Devolia Hincer ADDRESS Marshall, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1949, to Dec 11, 1949, that I last saw the deceased alive on Dec 9, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE James A. Reid (Degree or title) M.D. 23b. ADDRESS Marshall Mo. 23c. DATE SIGNED 12-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/14/49 24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery 24d. LOCATION (City, town, or county) (State) Marshall, Mo.

DATE REC'D BY LOCAL REG. Dec. 12-1949 REGISTRAR'S SIGNATURE Sidney J. Gray 385 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 19

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-21-49

JAN 26 1950

MAR 26 1962

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.