

FILED OCT 16 1941

State File No. _____

Registration District No. 347

Primary Registration District No. 5489A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton Rural
(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 20 yr. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

George N Hinderer

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan - 6 - 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Columbus, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

MOTHER FATHER { 12. Name Michael Hinderer
13. Birthplace Columbus, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Christine Staley
15. Birthplace Berlin, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Koembock

(b) Address Wichita, Kansas

17. (a) Burial (b) Date thereof 9-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton, Mo

19. (a) _____ (b) J. R. Doughton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19 1941
year 1941 hour between 9-12 P M.

21. I hereby certify that I attended the deceased from 9-18-41
1941 to 9-19 1941;

that I last saw h alive on 9-18 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart disease

Due to _____

Due to 94a

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature J. R. Doughton (M. D. or other) JMD

Address Clinton Mo Date signed 9-20-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1783

Date Filed 10-14-41

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31621

Registration District No. 347

Primary Registration District No. 5489

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton Rural
(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 years, months or days)

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

Georgen. Hinderer

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

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

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

7. Birth date of deceased Jan 6, 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 5
If less than one day min.

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER
 { 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)

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9/20-1941 (b) Dr. J.R. Hampton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him _____ live on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 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 _____

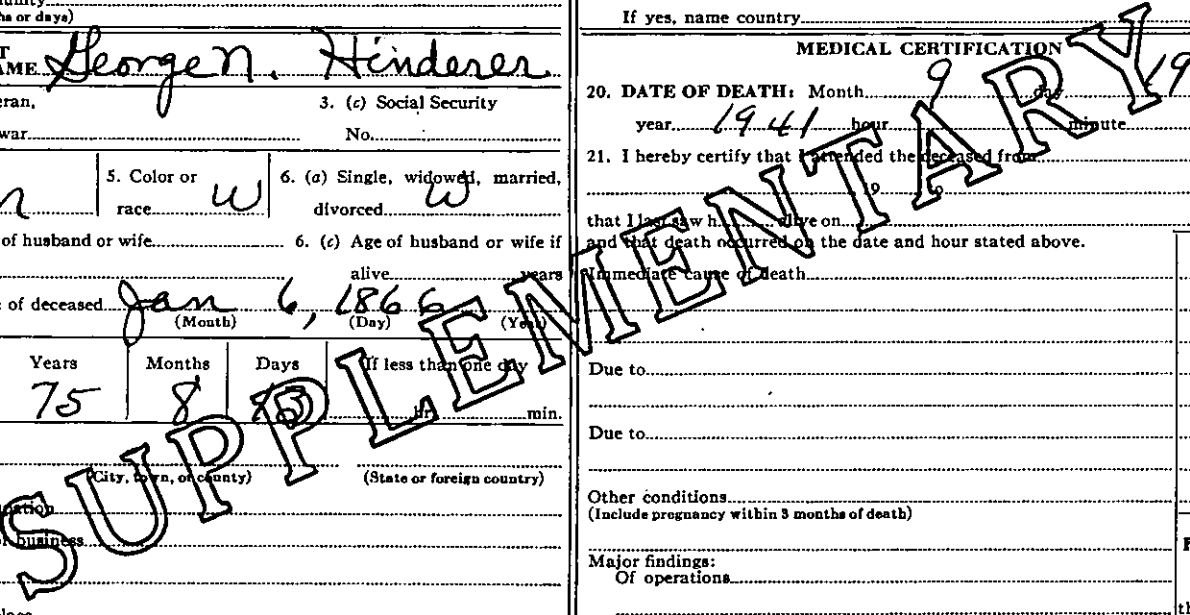
(c) Where did injury occur? _____
(City or town) (County) (State)

(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 _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____



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

S-31621 1941