

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14226
Do not use this space.

1. PLACE OF DEATH *Boone 3*
 (a) County *Boone* Registration District No. *73*
 (b) Township *Columbia 2* Primary Registration District No. *5112* Registered No. *81*
 (c) City or *Columbia* (d) Street No. *ON 40 to Hospital* St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *MINNIE HINSWORTH*
 (a) Residence, No. *245 S Logan* St. *DENVER Colo*
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *MARRIED*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *FRANK W HINSWORTH*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 2, 1868*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>70</i>	<i>10</i>	<i>8</i>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. *Housewife*
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Rochester New York*

FATHER
 13. NAME *John Haight*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Boston MASS*

MOTHER
 15. MAIDEN NAME *Phelps*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *D.K.*

17. INFORMANT (ADDRESS) *H.J. Hinsworth Chicago Ill*

18. ~~BIRTH, CREATION, OR REMOVAL~~
 PLACE *Denver Colo* DATE *April 11, 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *P.O. Willett Columbia Mo*

20. FILED *4/11/39* *Allie Selby* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *APRIL 10th 1939*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *10 A.M.*

The principal cause of death and related causes of importance were as follows:
Injuries Received IN Automobile Wreck

Date of onset

Other contributory causes of importance:
Accident

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *Accident* Date of injury *APR 10, 1939*
 Where did injury occur? *2 1/2 mi E Columbia on 40*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
on Highway
 Manner of injury *Automobile Accident*
 Nature of injury *INTERNAL*

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *M.P. Johnson* *Coroner*
 (Address) *Columbia Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

210 m
9.5

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 me

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

Signed L. J. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Md

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, above space should be left blank.

STATE BOARD OF HEALTH
DEPARTMENT OF HEALTH
DIVISION OF HEALTH SERVICES
BALTIMORE, MARYLAND

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14226
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 2112 Registered No. 81
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie Ainsworth

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Injuries Received in a head-on auto wreck car through Railway over Bank into at near N.W. collision

Date of onset

Other contributory causes of importance:

accident

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident date of injury 4-10, 1939

Where did injury occur? 22 miles highway 40
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on Highway

Manner of injury auto accident

Nature of injury Internal

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. R. Tolson

(Address) Columbia Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

Handwritten scribbles and marks, possibly including the letters 'A' and 'B'.

Handwritten scribbles and marks, possibly including the letters 'A' and 'B'.

Handwritten mark, possibly the letter 'B'.