

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.

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

26947

Do not use this space.

AUG 10 1939

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
(b) Township Marshall Primary Registration District No. 3038
(c) City Marshall, Mo. (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

(a) Residence, No. 50 Lincoln 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 male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1859

7. AGE YEARS 80 MONTHS - DAYS - If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
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) unknown (STATE OR COUNTRY) unknown

FATHER 13. NAME William Hinger

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

MOTHER 15. MAIDEN NAME Susanne Finner

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

17. INFORMANT (ADDRESS) Eugene Hinger
80 Redman St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frederick Cemetery DATE Aug 1 1939

19. FUNERAL DIRECTOR (ADDRESS) Reuben Rapping
224 Marshall St.

20. FILED 8-1-1939 Mary Kent
Special Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31-1939

22. I HEREBY CERTIFY That I attended deceased from 7/29 1939 to 7/31 1939

I last saw him alive on 7/29 1939 Death is said to have occurred on the date stated above, at 12:20 AM

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

Acute Enteritis Date of onset 7/27/39

Other contributory causes of importance:

Alcohol 1935

Name of operation _____ Date of _____

What test confirmed diagnosis Alum Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. Hinger M. D.

(Address) Marshall Mo.

FILED
8/9/39
DISTRICT FILE NUMBER
DISTRICT BOARD NUMBER NO. 8

STATEMENT BY LICENSED EMBALMER

I, Reuben Robbins, Licensed Embalmer No. 2185
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self
L L. E.
No. L or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Reuben Robbins
Licensed Embalmer No. 2185

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.)