

S. No. 2
M-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24820

State File No. _____

Registrar's No. 134

FILED AUG 7 1943 99

Registration District No. 99

Primary Registration District No. 4177

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

1. PLACE OF DEATH

(a) County DeKalb

(b) City or town Stewartville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb

(c) City or town Stewartville Mo
(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 _____

3. (a) PRINT FULL NAME GEORGE W. HINDERKS.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 24, 1943 to July 24, 1943
that I last saw him alive on July 24, 1943
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mable Hinderks

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 7, 1892
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to _____

Due to _____

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

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

51 1 17 hr. _____ min.

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

10. Usual occupation Merchant.

11. Industry or business _____

12. Name G. T. Hinderks

13. Birthplace Hermant, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Peppers

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Hinderks

(b) Address Stewartville Mo

17. (a) Burial (b) Date thereof July 27, 1943
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director G. T. Hinderks

(b) Address Stewartville Mo

19. (a) July 26, 1943 (b) C. M. Longley
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature M. S. Lake M.D. (M.D. or other)

Address O. S. born mo. Date signed _____

1248 (Licensed Embalmer's Statement on Reverse Side)

July 26/43

George E. ...

GEORGE E. ...

*...
...
...*

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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

F. G. ...

Licensed Embalmer No.

952

P. O. Address

Stewartsville 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.