

FILED JAN 16 1945  
Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 287

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
130 Blanche  
(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) 70 years

3. (a) PRINT FULL NAME John William Hinkle

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male <sup>0</sup> 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

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

7. Birth date of deceased. September 23 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	3	6	hr. min.

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

10. Usual occupation Retired fireman and policeman

11. Industry or business

MOTHER FATHER { 12. Name Daniel Hinkle

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

14. Maiden name Lucy Harrell

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

16. (a) Informant Mrs. W. C. Mallory  
(b) Address 130 Blanche, Carthage, Mo.

17. (a) Burial (b) Date thereof Jan. 1, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage, Missouri

19. (a) Dec. 30 '44 (b) Elizabeth Corplein  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage  
(If outside city or town limits, write "RURAL") 1

(d) Street No. 130 Blanche  
(If rural, give location) 3

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. - - - 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29  
year 1944 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Jan 10 P  
1944 to Dec 29 1944  
that I last saw him alive on Dec 28 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Arteriosclerosis

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?.....

While at work?..... (Specify type of place) Means of injury.....

23. Signature T. C. Baker (M. D.)  
Address Carthage, Mo. Date signed Dec 29 1944

1203

44-12-1080

**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 Emm. R. Stueell

Licensed Embalmer No. 391

P. O. Address Carthage

**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.**