

S. No. 2  
M-8-43  
v. 5-17-39  
X37823

6233

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 13 1945**  
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 33

Primary Registration District No. 3023

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location) 1  
(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 Henry 42  
(c) City or town Clinton 1  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 809 So. Decord  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ESSIE F LEWIS HINTON  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 1  
year 1945 hour 11 minute am  
21. I hereby certify that I attended the deceased from Nov 1 1944 to Feb 1 1945  
that I last saw her alive on Feb 1 1945  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Wm Hinton  
6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased July 11 1958  
(Month) (Day) (Year)

Immediate cause of death Infirmities of old age  
Duration \_\_\_\_\_

8. AGE: Years 86 Months 6 Days 21  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 162 lb  
Major findings: Of operations none  
Of autopsy none

9. Birthplace Johnson County MO  
(City, town, or county) (State or foreign country)  
10. Usual occupation housewife

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business none  
12. Name Wm R Bulley  
13. Birthplace Howard Co MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa C Perry  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Ira Lee Hinton  
(b) Address Clinton MO  
17. (a) Burial (b) Date thereof Feb. 3 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Hill Warrensburg MO  
18. (a) Signature of funeral director S R Sweeney  
(b) Address Warrensburg MO  
19. (a) February 2 1945 Georgia Ritchey  
(Data received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 2  
23. Signature Raura C Herrie (M. D. or other) DR  
Address Clinton MO Date signed Feb 1 45

1069

RECEIVED

Death Officer No. 7

District File Number 2-45-158

Date Filed 3-9-45

**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 J. Carl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

**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.**