S. No. 2
M—5-43
. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14223

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 94

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 400 N. Moniteau, St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis CO
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 400 N. Moniteau
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lucille Hinkle
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F1
5. Color or race C
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest Hinkle
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Feb (Month) 1 (Day) 1926 (Year)

8. AGE:

Years	Months	Days	If less than one day
19	2	2	hr. min.

9. Birthplace Georgetown (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House Wife
11. Industry or business .....
FATHER
12. Name Will Thuston
13. Birthplace Versailles, (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Olla Taylor
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mr. Will Thuston
(b) Address 412 W. Morgan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Dresden
18. (a) Signature of funeral director J. Pryce Alexander
(b) Address 400 N. Cooper, St. Sedalia, Mo.
19. (a) 4/6/45 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Apr. day 3
year 1945 hour 11 minute 40 A M.
21. I hereby certify that I attended the deceased from Mar. 23-45 ....., 19....., to Apr 3. 1945
that I last saw her alive on Apr 1 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Embolus	10 M.
Due to Birth of Child on Mar 23-1945	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy None

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature [signature] (M. D. ~~or other~~)
Address 104½ W Main, Sedalia Mo. Date signed 4/6/45

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5/9/45

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 [illegible]

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.