

FILED SEP 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. 27543

Registration District No. 159

Primary Registration District No. 5591

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Hillbrow Rural (Central)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 mi. west of Hillbrow Mo. on Marse Miller Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50
(c) City or town Hillbrow Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. west of Hillbrow 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD LEWIS DINSE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr 22 1930
(Month) (Day) (Year)

8. AGE: Years 15 Months 3 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation schoolboy

11. Industry or business _____

MOTHER FATHER
12. Name Henry Dinse 0
13. Birthplace Hillbrow Mo (City, town, or county) (State or foreign country)
14. Maiden name Leona Edwards
15. Birthplace (Mo) Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Henry Dinse
(b) Address Hillbrow Mo

17. (a) Burial (b) Date thereof Aug 17 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillbrow Cemetery (Mo)

18. (a) Signature of funeral director Donald B. Schutte
(b) Address Oshtemo Mo

19. (a) 8/26-46 (b) Kathleen Marston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1946 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Aug 14 1946 to Aug 14 1946 that I last saw him alive on Aug 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Ant. Poliomyelitis Duration 4 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy 36
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) (e) Means of injury NO

23. Signature J. P. Russell (M.D. or other) DO
Address Oshtemo Mo Date signed 8/15/46

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

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 Samuel B. [Signature]
Licensed Embalmer No. 4104
P. O. Address [Signature]

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.