

S. No. 2
A-5-42
5-17-39
P-X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31063**

FILED SEP 16 1946
Registration District No. **231**

Primary Registration District No. **5857**

Registrar's No. **138**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Skidmore rural (Green Twp)**
(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 **Missouri** (b) County **Nodaway 74**
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No. **R R Skidmore** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Harold Glenn Hainline**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Margaret Hainline** 6. (c) Age of husband or wife if alive **26** years

7. Birth date of deceased **March 7 1919**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 5 29 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business.....

MOTHER-FATHER { 12. Name **Ora Hainline**

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

14. Maiden name **Clara Sloan**

15. Birthplace **York, Nebr.** (City, town, or county) (State or foreign country)

16. (a) Informant **Ora Hainline**

(b) Address **Skidmore, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **9/9/46** (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **James H. Pellipier**

(b) Address **Mound City, Mo.**

19. (a) **Sept 7 1946** (Date received local registrar) (b) **Bess Holt** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **6th** year **1946** about **6** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **not attended**, 19... to 19... that I last saw him alive on **not seen** and that death occurred on the date and hour stated above.

Immediate cause of death **accidental overturning of tractor in field**
Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **175A-8**

Major findings: Of operations **none** Of autopsy **none** **view inquest**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 74**

(b) Date of occurrence **Sept 6th 1946**

(c) Where did injury occur? **Nodaway Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **on the farm in field** (Specify type of place) (e) Means of injury **Tractor overturned**

23. Signature **W. E. Can** (M. D. or other) **Coroner** Address **Maryville Mo.** Date signed **9-7-46**

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

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

20804

229

(Licensed Embalmer's Statement on Reverse Side)

Pettigrew & Crawford
Mound City

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. 3192,
working under my personal supervision.

Signed James H. Pettigrew
Licensed Embalmer No. 3192

P. O. Address. Oregon

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.