S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32466

FILED OCT 25 1948

Registration District No. 4-9 Primary Registration District No. 5320 Registrar's No. 55

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town 3 mi. N. Stewartsville (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) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb 32 0
(c) City or town 3 mi. N. Stewartsville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cora Hinderks
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank L. Hinderks
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Jan (Month) 1 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
59	9	3	hr. min.

9. Birthplace DeKalb Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER
12. Name Mary Wilkie
13. Birthplace Germany (City, town, or county) (State or foreign country)
FATHER
14. Name John Davies
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Frank L. Hinderks
(b) Address Stewartsville, Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 10-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove
18. (a) Signature of funeral director Hogg Home
(b) Address Stewartsville Mo
19. (a) 10-12-48 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1948 hour 11 minute P M.
21. I hereby certify that I attended the deceased from Oct 4, 1948 to Oct 4, 1948 that I last saw h— alive on Oct 4, 1948 and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Coronary Embolism
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy NO

PHYSICIAN
Underline the cause of 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 W. S. Gale (M. D. or other)
Address Osborn Mo Date signed 9-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 17 1942

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....., working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 2007

P. O. Address Stewartsville, 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.