

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17390  
Registrar's No. 4

FILED JUN 30 1944  
Registration District No. 38

Primary Registration District No. 4076-5117A

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Rural Cedar Juv.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2 Miles North of Hartsburg  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT  
FULL NAME

Matthie Hinchman

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Don Henschman 6. (c) Age of husband or wife if alive 2 years  
7. Birth date of deceased Jan 2 1838  
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 10 If less than one day  
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name George Christman  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Hinchman

(b) Address Hartsburg Mo

17. (a) Burial (b) Date thereof 5-14-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Asheum Cemetery

18. (a) Signature of funeral director W. P. Hinchman

(b) Address Asheum Mo

19. (a) May 13, 44 (b) W. H. Freymeyer  
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 Miles North of Hartsburg  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1944 to 1944  
that I last saw her alive on May 12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Asystolic Stenosis and Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature W. P. Hinchman (M. D. or other)

Address Hartsburg Mo Date signed 5/14/44

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 6-5-44

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 Me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Licensed Embalmer No. 2564

P. O. Address Asland 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.