

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37024

State File No.

FILED DEC 7 1944  
Registration District No.

Primary Registration District No. 3002

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Audrain Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hrs.  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Allen E. Hinshaw

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

4. Sex 0 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 14, 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 19  
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Lon Hinshaw

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

14. Maiden name Mattie Christian

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

16. (a) Informant James Hinshaw

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 11/28/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Elmer L. Lueders

(b) Address Mexico, Mo.

19. (a) 100-27-44 (b) Margaret K. Markie  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 530 W. Whitley  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25  
year 1944 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Nov 19 to Nov 25, 1944  
that I last saw him alive on Nov 25, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

Lobar pneumonia

Due to

Due to

Other conditions Anemia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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

23. Signature Frank Jolly (M. D. or other)

Address Mexico, Mo. Date signed 12/1/44

(Licensed Embalmer's Statement on Reverse Side)

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

1074

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**