

FILED FEB 1948
Registration District No. **5782**

Primary Registration District No. ~~5782~~ **5782**

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

6000

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural Shannon Pop.
(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 all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES CARROL HINES

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Sina Catherine Hines

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

7. Birth date of deceased April 14, 1852
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>9</u>	<u>12</u>	hr. min.

9. Birthplace near Neelys Landing Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Morton Hines

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

14. Maiden name P. Oittmann

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

16. (a) Informant P. Hines

(b) Address Neelys Landing Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan 28, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Goshens Cemetery

18. (a) Signature of funeral director Miller

(b) Address Jackson

19. (a) Jan 30-1943 (Date received local registrar)

(b) Henry W. Pugh (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Cape Girardeau

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day January
year 1943 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from December 1st 1938, to January 25th 1943
that I last saw him alive on January 25th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration 7 years

Due to Atherosclerosis, generalized

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 93d

Of operations _____

Of autopsy _____

PHYSICIAN

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? 1 (Specify type of place) (c) Means of injury 0

23. Signature Theodore Peacher (M. D. or other) M. D.

Address Altamburg Mo Date signed 1/27/42

1328

RECEIVED

District Health Officer No. 4
District File Number 243-1707
Date Filed 2-8-43

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 Mene C. Cracraft
Licensed Embalmer No. 4327
P. O. Address Jackson, 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.