

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED **APR 22 1942**
 Registration District No.

Primary Registration District No. **4040 45110A**

Registrar's No. **9**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

James Ray Hinshaw
 3. (b) If veteran **V** 3. (c) Social Security No. **V**
 name war.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Nellie Mae Hinshaw** 6. (c) Age of husband or wife if alive **50** years
 7. Birth date of deceased **April 24 1887**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 15 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Therion N. Hinshaw**
 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
 14. Maiden name **Sallie Jane Boyd**
 15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Eunice Foster**
 (b) Address **Jefferson City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/11/42**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty C. em.**

18. (a) Signature of funeral director **Halt Burnett**

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

19. (a) **Mar. 10, 1942** (Date received local registrar) (b) **Mrs. Olive Estes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone** **010**
 (c) City or town **Ashland, 7**
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9**
 year **1942** hour **3:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **Mar 9 1942** to **Mar 9 1942**
 that I last saw him alive on **Mar 9 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
 Due to **died suddenly**

Due to

Other conditions (Include pregnancy within 3 months of death) **94a**

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

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 **0**

23. Signature **H. B. Fryer** (M. D. or other)
 Address **Ashland Mo** Date signed **3-10-42**

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

1000

1244

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

W^m C. T. Burnett

Licensed Embalmer No.

3564

P. O. Address

Ashtland 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.