

DEC 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38643
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1
 (b) Township 2 Primary Registration District No. 100 Registered No. 1153
 (c) City St. Joseph (d) Street No. Sisters Hosp ST. JOSEPH HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Myrtle M. Hill

(a) Residence, No. 403 St. Troy-Kansas
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William C. Hill
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21-1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 7 27
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. secretary
 9. Industry or business in which work was done, as saw mill, bank, etc. County agricultural conservation Assn.
 10. Date deceased last worked at this occupation (month and year) Nov. 10-1938 11. Total time (years) spent in this occupation 4 yrs.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colorado Springs Col.

FATHER 13. NAME James Rhudy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri

MOTHER 15. MAIDEN NAME Fannie Brown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri

17. INFORMANT (ADDRESS) Mrs. Mrs. Hale Starberry - Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Miller, Missouri DATE Nov. 20 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Karr Funeral Home Troy -- Kansas

20. FILED Nov 18 38 St. Joseph, Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18-1938 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov 10 to Nov 18 1938
 I last saw Nov 15 alive on Nov 15 1938 Death is said to have occurred on the date stated above, at 4.45 p.m.
 The principal cause of death and related causes of importance were as follows:
Indurated 2m
 Date of onset 2m
 Other contributory causes of importance: none.

Name of operation Edmond Date of Nov 18 1938
 What test confirmed diagnosis Edmond Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) John B. Brown M. D.
 (Address) St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

72787

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, E.F. Karr

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed E.F. Karr

Licensed Embalmer No. 2586

P. O. Address Proy-Kansas

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38643
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 1153
(c) City St. Joe (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Myrtle M. Hill

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 7 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1928

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Embo Carditis (chronic)

Date of onset _____

Other contributory causes of importance: g2k

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John J. Byrnes, M. D.

(Address) St. Joseph Mos

SUPPLEMENTAL

WHILE LABEL, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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