

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

Rev. 6-17-39  
1 X1931

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44871

Registration District No. 849

Primary Registration District No. 4515

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Green City  
(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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME Columbus Marion Hill

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Florence A. Hill 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 17 1856  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Retired farmer

MOTHER FATHER { 12. Name Joel Hill

18. Birthplace Green Castle Missouri

14. Maiden name Nancy Ann Ritchie

15. Birthplace Don't know

16. (a) Informant's own signature A. Hill

(b) Address N. Hill

17. (a) Burial (b) Date thereof Dec. 6 1939

(c) Place: burial or cremation Green Castle

18. (a) Signature of funeral director Blum E. Hunt

(b) Address Green City, Mo

19. (a) Jan 1-40 (b) Lingstein Giberson

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan  
(c) City or town Green City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 3  
year 1939 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from Nov-1  
1939 to DEC 3, 1939;  
that I last saw him alive on DEC 3, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA Duration 4 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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 J. E. Dehner (M. D. or other) \_\_\_\_\_

Address Green City Mo Date signed 12-4-39

RECEIVED

District Health Officer No. 10

District File Number 1-40-11

Date Filed JAN 3 1940

FEB 6 1955

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 Archie W. Wade  
Licensed Embalmer No. 3037  
P. O. Address Green City, 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, above space should be left blank.