

Registration District No. 11

Primary Registration District No. 5015

Registrar's No. 27

## 1. PLACE OF DEATH:

(a) County Andrew 1940  
 (b) City or town Jackson  
 (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 \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Christopher Columbus Hill

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased May 17 1853 (Month) (Day) (Year)8. AGE: Years 86 Months 7 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Andrew co mo (City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Cuthbert Hudson Hill13. Birthplace Kentucky (City, town, or county) (State or foreign country)14. Maiden name Sarah Hoff15. Birthplace Missouri (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Lucy Middleton(b) Address Savannah mo17. (a) Burial (b) Date thereof 1-9-1940 (Burial, cremation, or removal) (Monthly) (Day) (Year)(c) Place: burial or cremation Savannah18. (a) Signature of funeral director E. C. Brist(b) Address Savannah mo19. (a) 1-8-1940 (b) mis Addie Barnes (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew(c) City or town Jackson (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 1 day 6 year 1940 hour 7 minute 55 P. M.21. I hereby certify that I attended the deceased from August 1939 to Jan 6 1940that I last saw him alive on Jan 6 1940 and that death occurred on the date and hour stated above.Immediate cause of death Mitral insufficiency and congestion of lungs Duration \_\_\_\_\_Due to old age

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations NoneOf 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 \_\_\_\_\_

23. Signature J. C. Hooper (M. D. or other)Address Savannah mo Date signed 7-40

## PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 11,  
District File Number 240-20  
Date Filed FEB 3 1940

---

---

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 E. C. Breit  
Licensed Embalmer No. 2650  
P. O. Address Savannah 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.