

Registration District No. 722

Primary Registration District No. _____

Registrar's No. 5753

1. PLACE OF DEATH: Putnam
 (a) County Putnam
 (b) City or town P. Okland
 (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

3. (a) PRINT FULL NAME John Henry Hill
 3. (b) If veteran, _____ (c) Social Security No. _____ name war _____

4. Sex Male 5. Color of hair White
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Sarah A. Hill 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased 3 (Month) 11 (Day) 1957 (Year)

8. AGE: Years 83 Months 0 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Kentucky (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation farmer

11. Industry or business _____

12. Name John Hill

13. Birthplace P. Okland (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Mattie Louie

15. Birthplace Ind. (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Mrs. Jerry McCluskey

(b) Address Arlington Ave

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Unders Cem 3-31-60

18. (a) Signature of funeral director Hunter Edson

(b) Address Unionville, Mo.

19. (a) _____ (b) Eunice Hill (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Putnam
 (c) City or town Rural (If outside city or town limit, write "RURAL")
 (d) Street No. 0 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March 26
 year 1960 hour 7:00 minute _____ M. _____

21. I hereby certify that I attended the deceased from March 24, 1960, to March 26, 1960, that I last saw him, alive on March 24, 1960, and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Cardio-Renal Dis Duration _____

Due to _____
 Due to 4510

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: J. H. Holman 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? 911

While at work? _____ (Specify type of place) _____ (Means of injury) _____

23. Signature J. H. Holman (M. D. or other) _____

Address Unionville, Mo. Date signed 3-29-60

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

7-39
X21492

RECEIVED

District Health Officer No. 10

District File Number 4-40-907

Date Filed April 17, 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

J. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12108

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 722

Primary Registration District No. 5953

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Dickinson
(b) City or town Reynolds
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME

John Henry Hill

3. (b) If veteran, _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 83 Months 0 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof May 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Eunice Hill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

INTERNATIONAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

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) _____ Means of injury _____

23. Signature J. H. Halmar (M. D. or other) _____

Address Unionville _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

1946
S-12108