

FILED MAY 7 1940
392

Registration District No. 392

Primary Registration District No. 4350

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank D. Hill 400

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 Widowed

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

7. Birth date of deceased Sept 24 th 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 10 If less than one day hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name James Hill

18. Birthplace Warren Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Fines

15. Birthplace no
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mollie See

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 4/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) April 5, 40 (b) Charles M. Hennefer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery 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 April day 4 th
year 1940 hour 8 minute 8 A.M.

21. I hereby certify that I attended the deceased from Mar. 2
1940, to April 4, 1940;
that I last saw him alive on April 2, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchial pneumonia 4 days
Cerebral Haemorrhage 3 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? _____

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

23. Signature James A. Helms (M. D. or other) _____

Address New Florence, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

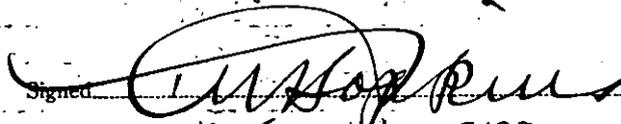
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

70
5
0

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, ~~on~~ on the 4th day of April 1940, Registered Apprentice No. _____ working under my personal supervision.

Signed



Licensed Embalmer No. 1487

P. O. Address. Montgomery 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.