

Rev. 5-17-30  
1 X1811

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18539

Registration District No. 351

Primary Registration District No. 4308

Registrar's No. 8

1. PLACE OF DEATH:

(a) County. HARVEY

(b) City or town. Deepwater, MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at Home 2  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. 01 \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Marcus M. Hill 400

3. (b) If veteran, name war V

3. (c) Social Security No. V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1940 hour 12 minute 35 PM.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Marcia F. Hill

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

7. Birth date of deceased May 31, 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 11, 1939 to April 23, 1940

that I last saw him alive on April 23, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

70 10 22 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic interstitial nephritis

Due to Hypostatic Pneumonia

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

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

10. Usual occupation Retired old age

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: 101

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

MOTHER FATHER { 12. Name W.T. Hill

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

14. Maiden name Marcia Katherine Schaffner

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

Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Geo. Brala

(b) Address Deepwater, Mo.

17. (a) Burial (b) Date thereof April 25-40  
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director George Throckmold

(b) Address Deepwater, Mo.

19. (a) 4-23-40 (b) J. Russell  
(Date received local registrar) (Registrar's signature)

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? 315

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature G. H. Taylor (M. D. or other) 1

Address Brownington Date signed 4-24-40

RECEIVED  
District Health Officer No. 72  
District File Number 27-5-47-85-8  
Date Filed 5-27-54

---

---

**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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**