DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19280

Registration District No. 1-95 Primary Registration District No. 5-92 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Platte
(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township) Waldron Twp
(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: 2 (Specify whether)
In this community: (years, months or days)

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

3. (a) PRINT FULL NAME: Lee Jackson Hill 400
3. (b) If veteran, name war:
3. (c) Social Security No.: None.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sarah Dianna Hill
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: May (Month) 22 (Day) 1862 (Year)

8. AGE: Years 77 Months 11 Days 25 If less than one day hr. min.

9. Birthplace: Lunnenberg Co (City, town, or county) Virginia (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: Business
MOTHER FATHER
12. Name: Samuel Henry Hill
13. Birthplace: do not know (City, town, or county) Va (State or foreign country)
14. Maiden name: Jasmina Worsham
15. Birthplace: do not know (City, town, or county) Va (State or foreign country)
16. (a) Informant: Mrs Lester Naylor.
(b) Address: Parkville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 19-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Parkville
18. (a) Signature of funeral director: Leland H. Francis
(b) Address: Parkville Mo
19. (a) June 7, 1940 (Date received local registrar) (b) Mrs A. E. Fauchand (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1940 hour 14: minute 45 P.M.
21. I hereby certify that I attended the deceased from May 16 1940, to May 16 1940 that I last saw him alive on May 16, 1940. and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration: Sudden
Due to: High blood pressure and arteriosclerosis.
Due to:
Other conditions (include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: A. H. Graham (M. D. or other) M.D.
Address: 518 Argyle Bldg K.C. Mo. Date signed 5-19-40.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 640-852
Date Filed JUN 10 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 yes, Registered Apprentice No. working under my personal supervision.

Signed Leland H Francis

Licensed Embalmer No. 3457

P. O. Address Parkville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
—2-21-40
I X22

WENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19280

Registration District No. 695

Primary Registration District No. 5923

Registrar's No.

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Waldron T.P.
(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)

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.

3. (a) PRINT FULL NAME Lee Jackson Hill
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Sara Deana Hill
6. (c) Age of husband, or wife, if alive 70 years
7. Birth date of deceased May (Month) 22 (Day) 1862 (Year)

8. AGE: Years 77 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Lunnenberg Co (City, town, or county) Va (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Business
FATHER
12. Name Samuel Henry Hill
13. Birthplace Do Not Know (City, town, or county) Va (State or foreign country)
MOTHER
14. Maiden name Jennie Worsham
15. Birthplace Mrs Lester (City, town, or county) Va (State or foreign country)
16. (a) Informant Mrs Lester Naylor
(b) Address Parkville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-17-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Parkville
18. (a) Signature of funeral director Leland H Francis
(b) Address Parkville Mo
19. (a) 7-9-1940 (Date received local registrar) (b) S. P. Ford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1940 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from May 11, 1940, to May 16, 1940; that I last saw him alive on May 16, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to High Blood pressure and arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature W. H. Graham (M. D. or other)
Address 318 Argyle Bldg Date signed
K.C. Mo

SUPPLEMENTARY

S-19280