

Registration District No. 109 Jul 25 1940 Primary Registration District No. 6000 State File No. _____ Registrar's No. 13

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town (Rural) Calloway Twp
(c) Name of hospital or institution Horistell Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months 1940
In this community 3 months 1940 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Charles
(c) City or town Horistell Rural
(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 Robert C Hill 400
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 6 - 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name George Hill
13. Birthplace Horistell Mo
(City, town, or county) (State or foreign country)
14. Maiden name Whitson
15. Birthplace Whiteville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant George Hill
(b) Address Horistell Mo

17. (a) _____ (b) Date thereof 6-27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horistell Mo

18. (a) Signature of funeral director W. Whitson
(b) Address Whiteville, Mo.

19. (a) June 26-40 (b) O. O. Mahan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25 year 1940 hour 4 minute 30 P M.
21. I hereby certify that I attended the deceased from June 23rd 1940 to June 25 1940
that I last saw him alive on June 23 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Infantum
Due to _____
Due to 119 W
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? 600
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Revin Muller (M. D. or other) !
Address Horistell Date signed 6-26

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{buried} ~~embalmed~~ by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *R. E. Peterson*

Licensed Embalmer No. 2711

P. O. Address Wentzville

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

If this body is not embalmed, fact should be so stated above.