S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23041

Registration District No. 875 — Primary Registration District No. 3039 — Registrar's No. 155

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: Nevada City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

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

(d) Street No. 722 N. Adams (If rural, give location)

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

3. (a) PRINT FULL NAME Nettie May Hill 400

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Berry Hill

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec (Month) 18 (Day) 1879 (Year)

8. AGE: Years 60 Months 5 Days 19 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Thomas Dean
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Minerva Hackett
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Berry Hill

(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo

19. (a) 6-21-1940 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1940 hour 6 minute 45 P M.

21. I hereby certify that I attended the deceased from May 6, 1940, to June 7, 1940 that I last saw her alive on June 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Obstructive jaundice	3 mo
Due to Primary carcinoma of common bile duct	
Due to	
Other conditions (Include pregnancy within 3 months of death) 4b	

Major findings: Of operations As above

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? 795 (Specify type of place)

While at work? (e) Means of injury

23. Signature E R King (M. D. ~~or other~~)

Address Nevada, Mo Date signed 6-9-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-40-1037
Date Filed 7-9-40

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 Mo. E. Ferry
Licensed Embalmer No. 1432
P. O. Address Nevada 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.