

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24815

State File No.

Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 239

1. PLACE OF DEATH:

(a) County Cape Girardeau Mo  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: South Spring St. Cape Girardeau  
(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) ARMON  
In this community

3. (a) PRINT FULL NAME H. G. 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 Married  
7. Birth date of deceased Jan 25 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Osborn Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Joseph Hill  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. W. C. Williams  
(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 7-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freemont Cemetery

18. (a) Signature of funeral director George F. Frazier  
(b) Address Cape Girardeau Mo

19. (a) 7-13-40 (b) John Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. Smeltzer addition  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13  
year 1940 hour 11 P.M. minute - M.

21. I hereby certify that I attended the deceased from 1938 to July 13 1940  
that I last saw him alive on July 13 and that death occurred on the date and hour stated above.  
Immediate cause of death

angina Pectoris  
Due to

Due to 9:14 PM  
Other conditions (Include pregnancy within 3 months of death)

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?

121 While at work? (Specify type of place) (e) Means of injury  
23. Signature A. D. Murphy (M. D. or other)  
Address Cape Girardeau Date signed 7/14/40

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.

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.....

W. H. Ester, Registered Apprentice No.....  
working under my personal supervision.

Signed.....

W. H. Ester

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.