

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27913**

Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **181**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Ellis Fischel State CA Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **24 days**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **GEORGE H. L. H. 400**

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 **Laura Hill** 6. (c) Age of husband or wife if alive **27** years

7. Birth date of deceased (Month) **5** (Day) **2** (Year) **78**

8. AGE: Years **62** Months **3** Days **17** If less than one day hr. _____ min. _____

9. Birthplace **Ray Co., Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Elijah Hill**
13. Birthplace **Tennesse** (City, town, or county) (State or foreign country)
14. Maiden name **Ellen Richard**
15. Birthplace **Tennesse** (City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Records**
(b) Address **Columbia, Mo.**

17. (a) **Burial** (b) Date thereof **8-29-40** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cem., Rayville, Mo.**

18. (a) Signature of funeral director **J. E. Broadhurst**

(b) Address **Rayville, Mo.**

19. (a) **8/19/40** (b) **Allie Selby** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri** (b) County **Ray**
(c) City or town **Rayville - (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. F. D. #1**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **19**
year **40** hour **8** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **7-26-40**
to **8-19-40**, 19 **40**
that I last saw him alive on **8-19-40**, 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
Left Hydropneumothorax
Localized peritonitis

Due to **Cancer of Prostate**

Due to **51**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **CA prostate**
Of autopsy **Pneumonia - Left Hydropneumothorax - Localized peritonitis**

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? **Y**

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

23. Signature **E. E. Royce** (M. D. or other) **1**

Address **Ellis Fischel Hosp.** Date signed **8-19-40**

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 embalmed by me, or by.....

J. E. Broadhurst, Registered Apprentice No.
working under my personal supervision.

Signed J. E. Broadhurst

Licensed Embalmer No. 2171

P. O. Address Rayville, 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.