

Registration District No. **42D**

Primary Registration District No. **5633**

Registrar's No. **108**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Mt. Vernon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **148 days**
In this community **7 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade**
(c) City or town **Greenfield**
(If outside city or town limit, 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 **Helen Hill**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 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 **January 31 1909**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 7 1 hr. min.

9. Birthplace **Greenfield Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Practical Nurse**

11. Industry or business **Hospital**

12. Name **Harvey G. Hill**

13. Birthplace **Buffalo Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Kramer**

15. Birthplace **Chenoa Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**

(b) Address **Missouri State Sanatorium**

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

(c) Place: burial or cremation **Greenfield**

18. (a) Signature of funeral director **R.P. Cheatham**

(b) Address **Greenfield**

19. (a) **9-2-40** (b) **P.A. HOLMES**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **2d**
year **1940** hour **7:45** minute **A** M.

21. I hereby certify that I attended the deceased from **April 6th**, 19**40** to **Sept 2**, 19**40**;

that I last saw her alive on **Sept. 1**, 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **pulmonary T.B.**
Nine years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature **R.A. Rude M.D.** (M. D. or other) **I**

Address **Mt Vernon Mo** Date signed **9-2-40**

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

RECEIVED

District Health Officer No. 6,

District File Number 1040-8748

Date Filed OCT 17 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.