

No. 2
4-13-40
5-17-39
PI 22189

JAN 8 1941

State File No. _____

Registration District No. 93

Primary Registration District No. 5139

Registrar's No. 17

3

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

1. PLACE OF DEATH:

(a) County Callwell

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Bessie Lee Hill

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Samuel F. Hill

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Dec 23 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months X Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Seabler

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

14. Maiden name Pauline Palmer

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

16. (a) Informant Rudie Hill

(b) Address Brammer, Mo

17. (a) Burial (b) Date thereof 12/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brammer

18. (a) Signature of funeral director Bernard J. Mead

(b) Address Brammer, Mo.

19. (a) 12/30/40 (b) W.H. Patterson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callwell

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

(d) Street No. near McBee Chapel Church
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1940 hour 5 minute X P.M.

21. I hereby certify that I attended the deceased from Nov 27, 1940 to Dec 29, 1940; that I last saw her alive on Nov 29, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W.H. Patterson (M. D. or other) M.D.

Address Brammer, Mo Date signed _____

Duration Not Known

PHYSICIAN
Underline the cause to which death should be charged statistically.

12/30, 1940

Form V. S. N.
FORM

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 Bernard J. Mead

Licensed Embalmer No. 2801

P. O. Address Praymer 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, fact should be so stated above.