

Registration District No. 334

Primary Registration District No. 54-67-4199 Registrar's No. 2

1. PLACE OF DEATH:

(a) County HARRISON

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

(c) Name of hospital or institution: WOOD HOSPITAL
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON

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

(d) Street No. JEFFERSON TWP.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME STELLA BELL HILLYARD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LEWIS 6. (c) Age of husband 29 years 1867

7. Birth date of deceased: 12 (Month) 29 (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day.
	<u>72</u>	<u>11</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name WILLIAM HENDREN

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

14. Maiden name SUSAN M. HEROLD

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

16. (a) Informant Louis Hillyard

(b) Address Bethany, Mo.

17. (a) BURIAL (b) Date thereof 12/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MIRIAM CEMETERY

18. (e) Signature of funeral director S. M. Haas

(b) Address Bethany, Mo.

19. (e) 1-4-40 (b) J. R. Wetzel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 20
1940 to Dec. 18 1940
that I last saw her alive on 12/18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism thigh

Due to Amputation of thigh

Due to _____

Other conditions mit.
(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? 302 _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2

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

23. Signature J. A. Walker (M. D. or other) D.O.
Address Bethany, Mo. Date signed 12/18/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

S. M. [Signature]

Licensed Embalmer No.

1078

P. O. Address

Buckeye Ohio

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.