S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB APR 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12200

Registration District No. 801

Primary Registration District No. 6045

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline

(b) City or town ~~Marshall~~ R.F.D. 2
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall, R.F.D 2
(If outside city or town limits write "RURAL")

(d) Street No. Herndon
(If rural, give location)

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

3. (a) PRINT FULL NAME William Penn Hilton

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Rebecca Price Hern

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 2, 1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	0	29	hr. ____ min.

9. Birthplace Jonestown, N. Carolina (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business "

FATHER
12. Name Lemiel Hilton.
13. Birthplace Jonestown, N. Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hayworth
15. Birthplace Jonestown, N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Hilton
(b) Address 464 W. Yerby, Marshall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/41 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park, Marshall

18. (a) Signature of funeral director J. Leslie Sisney
(b) Address Marshall, Mo.

19. (a) 4/2/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1941 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from March 25-41 to April 1, 1941; that I last saw him alive on April 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature John R Lowrance (M. D. or other)
Address Marshall, Mo Date signed April 2-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 81
District File Number 14-8-41
Date Filed

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 J. Leslie Lansing

Licensed Embalmer No. 3235

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.