

OED MAY 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **14715**Registration District No. **377**Primary Registration District No. **5525**Registrar's No. **4**

## 1. PLACE OF DEATH:

(a) County Howard  
 (b) City or town Boone Lick  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Life / \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Glenda Fay Hill

3. (b) If veteran, ☒ name war \_\_\_\_\_  
 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 24, 1928  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
12 3 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Howard County, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name George W. Hill  
 13. Birthplace Chartion County, Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Ruth May Spry  
 15. Birthplace Howard County, Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant X Mrs. Ruth M. Hill  
 (b) Address R.F.D. # 1 Franklin, Mo.

17. (a) Burial (b) Date thereof Apr. 9/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonesboro Cemetery18. (a) Signature of funeral director L. J. Mauch(b) Address Boonville, Missouri

19. (a) 4-9-1941 (b) Mrs. Elizabeth Chipley  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
 (c) City or town R.F.D. # 1 Franklin, Mo.  
 (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 April day 7th.  
 year 1941 hour 11.30 minute A.M.

21. I hereby certify that I attended the deceased from Apr 5, 1941, to Apr 7, 1941;  
 that I last saw her alive on Apr 7, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 3 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions myocarditis venous  
 (Include pregnancy within 3 months of death)

Major findings: Rhaphis of spine  
 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 L. J. Mauch (M. D. or other) ✓Address New Franklin Mo Date signed 4-9-41

932

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 5-13-41

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

working under my personal supervision.

Signed Paul T. Hackney Registered Apprentice No. \_\_\_\_\_

Licensed Embalmer No. 3598

P. O. Address Moberly, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14715-

Registration District No. 377

Primary Registration District No. 5525-

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Booneville  
(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

Glenda Fay Hall

3. (b) If veteran, \_\_\_\_\_  
name war \_\_\_\_\_

3 (c) Social Security No. \_\_\_\_\_

4. Sex 7 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
12 3 10 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Apr day 7  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pneumonia Duration \_\_\_\_\_

Broncho-

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions myo Carditis  
(Include pregnancy within 3 months of death)

Ryphosis ? Spine

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?

(Specify type of place)

While at work? (e) Means of injury \_\_\_\_\_

23. Signature L. L. Chamberlain (M. D. or other)

Address New Franklin Mo Date signed \_\_\_\_\_

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

ROWENA MOORE

SUPPLEMENTAL

