

DEPARTMENT OF COMMERCE **FILED JUN 11 1941** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **18299**

Registration District No. **491** Primary Registration District No. **2756** Registrar's No. _____

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Rural Clark Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community In the Community
years, months or days 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME CHARLES FRANKLIN HILL
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29
year 1941 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 5-29-41
_____, 19____, to 5-29-1941

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Hill 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 15 1867
(Month) (Day) (Year)

that I last saw him alive on 5-29-41, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion
Duration _____

8. AGE: Years 74 Months 2 Days 14 If less than one day _____ hr. _____ min.

Due to _____
Due to 440

9. Birthplace Moscow Mills Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER, FATHER
12. Name Rufus Augustus Hill
13. Birthplace South Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Callard
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

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

16. (a) Informant Julia Hill
(b) Address Moscow Mills Mo
17. (a) Burial (b) Date thereof June 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Prairie Cem
18. (a) Signature of funeral director Wayne M. Gray
(b) Address Tracy Mo
19. (a) June 1, 1941 (b) Mrs Pearl Mueh
(Date received local registrar) (Registrar's signature)

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? 440
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature H.S. Harris (M. D. or other) D
Address Tracy Mo Date signed 5-31-41

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

7
0
0

10-22-11
11-22-11
12-22-11

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.....

Wayne McCoy

..... Licensed Embalmer No.....

3586

..... P. O. Address.....

Tray 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.