

WED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28446

Registration District No. 378

Primary Registration District No. 4222

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Howard
 (b) City or town Fayette, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lee Hospital-Fayette, Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
 (Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Jasper Hill3. (b) If veteran, name war ----- 3. (c) Social Security No. -----4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Martha Mary Bowers 6. (c) Age of husband or wife if alive 48 years7. Birth date of deceased Nov 3 1892
(Month) (Day) (Year)8. AGE: Years 49 Months 8 Days 24 If less than one day ----- hr. ----- min.9. Birthplace Moniteau County, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business On Farm12. Name John Hill13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Martha Mary Bowers15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Jasper Hill(b) Address Boonsboro, Mo.17. (a) Burial (b) Date thereof 7-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Boonsboro, Mo18. (a) Signature of funeral director Goodman & Boller(b) Address Boonville, Missouri19. (a) 7-28-41 (b) Anna O. Tisdell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 145
 (c) City or town Fayette, Missouri
 (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 July day 27
year 1941 hour 8 minute 35 P.M.21. I hereby certify that I attended the deceased from 7-20-41
19 ----- to 7-27-41 19 -----;
that I last saw him alive on 7-27-41 19 -----;
and that death occurred on the date and hour stated above.Immediate cause of death Syphilitic Bacteremia 1 yr.Due to Cerebrospinal Syphilis 1 yr.Other conditions None
(Include pregnancy within 3 months of death)Major findings: NoneOf operations NoneOf autopsy None22. 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) (e) Means of injury -----23. Signature W. Bloom (M. D. or other) MOAddress ----- Date signed 7-27-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-27-41

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

Signed

G. F. Roller

Licensed Embalmer No. *3062*

P. O. Address. *Boonville, 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.