

STANDARD CERTIFICATE OF DEATH

State File No. 32173

FILLED OCT 16 1941
Registration District No. 645-10795

Primary Registration District No. 10795854

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Gainesville Rural Bridges
(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
In this community all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Johnny Newton Hill

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
7. Birth date of deceased June 1 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 26
If less than one day .hr. .min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Thomas Floyd Hill
13. Birthplace Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Blacksher
15. Birthplace McKenzie Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nina Farless
(b) Address Gainesville Mo
17. (a) burial (b) Date thereof July 27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lilly Ridge Cemetery

18. (a) Signature of funeral director Clinkingbeard Fn. Home
(b) Address Gainesville Mo

19. (a) 9/6/41 (b) Margaret Hutchinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Gainesville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural-Bridges
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1941 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1940 to July 28 1941
that I last saw him alive on July 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to artificial Hypertension
Pulsus Agitans

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

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?

While at work? (Specify type of place) (e) Means of injury.
23. Signature M. J. Hoeman (M. D. or other)
Address Gainesville Mo Date signed 7-28-41

RECEIVED

District Health Officer No. 6,

District File Number 1041-1624

Date Filed OCT 14 1941

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

MB Hutchison

Licensed Embalmer No. 3431

P. O. Address Gainesville, Tex.

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.