

FILED OCT 27 1941  
Registration District No. **309**

Primary Registration District No. **5227**

Registrar's No. **38**

**1. PLACE OF DEATH:**  
 (a) County **Gentry**  
 (b) City or town **Rural Athens Twp.**  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Gentry**  
 (c) City or town **Albany**  
(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.....

**3. (a) PRINT FULL NAME** **William Henry Hill**  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Sept.** day **1**  
 year **1941** hour **4** minute **10** P. M.  
**21. I hereby certify that I attended the deceased from** **6-1-41**  
 , 19 to **9-1-41**, 1941  
 that I last saw him alive on **9-1-**, 1941  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**  
 6. (b) Name of husband or wife **Patience Rice** 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased **November 12** **1865**  
(Month) (Day) (Year)

Immediate cause of death..... **Ca. Rectum** Duration **1 yr +**  
 Due to..... **46d**

8. AGE:	Years	Months	Days	If less than one day
	<b>78</b>	<b>9</b>	<b>19</b>	hr. min.

9. Birthplace **Harrison Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**  
 BY LICENSED EMBALMER

**11. Industry or business**  
**12. Name** **James Franklin Hill**  
**13. Birthplace** **Unk. Kentucky**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Susan Baxter**  
**15. Birthplace** **Clinton Co. Mo.**  
(City, town, or county) (State or foreign country)

Other conditions **Arteriosclerosis** **10 yrs.**  
(Include pregnancy within 3 months of death)  
 Major findings: **no operation**  
 Of operations **no operation**  
 Of autopsy.....  
 PHYSICIAN.....  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Beulah Cox**  
 (b) Address **Albany, Mo.**

**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?.....

17. (a) **Burial** (b) Date thereof **9/3/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Grandview**

18. (a) Signature of funeral director **W. H. Brooks**  
 (b) Address **Albany, Mo.**  
 19. (a) **Sept. 1, 1941** (b) **W. H. Martin**  
(Date received local registrar) (Registrar's signature)

While at work..... (Specify type of place)  
 (c) Means of injury.....  
 Signature **W. H. Brooks** (M.D. or other) **M.D.**  
 Address **Albany, Mo.** Date signed **9-2-41**

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

MOTHER FATHER

11

7

**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 me

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

Signed Charles Brook

Licensed Embalmer No. 3329

P. O. Address Albany Md

**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.**