S. No. 2
—1-4-41
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PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35903

Registration District No. 749 Primary Registration District No. 5984 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Lesterville 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 Reynolds

(c) City or town Lesterville Mo.
(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 Claud Leland Hill

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

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

4. Sex M.U.

5. Color or race W

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

6. (b) Name of ~~husband~~ or wife Beulah Hill

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

7. Birth date of deceased Jan (Month) 17 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	4	16	..... hr. ..... min.

9. Birthplace Water Valley (City, town, or county) / Miss (State or foreign country)

10. Usual occupation Minister

11. Industry or business —

FATHER
12. Name Augustus Hill
13. Birthplace ..... (City, town, or county) / Miss. (State or foreign country)

MOTHER
14. Maiden name Alice Wilson
15. Birthplace ..... (City, town, or county) / Miss (State or foreign country)

16. (a) Informant Leeland Hill

(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof June 3 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Boon Ville Ark

18. (a) Signature of funeral director Tannan White

(b) Address Flouton Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1941 hour 3:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from was unattended except a few ..... 19....; that ..... alive on before death ..... 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac dilatation	
Due to to Violent exertion in	
Due to Exortation	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C. M. Fitzpatrick (M. D. or other) M.D.

Address Lesterville Mo. Date signed 6/3/41

6/3 (Licensed Embalmer's Statement on Reverse Side)

APR 12 1944

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 Conrad J. White

Licensed Embalmer No. 3012

P. O. Address Brookline Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
OM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35903

Registration District No. 749 Primary Registration District No. 5984 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Leatherville 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 (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

3. (a) PRINT FULL NAME Claud Leland Hill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 17 (Day) 1872 (Year)

8. AGE: Years 69 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 6/3/41 (Date received local registrar) (b) C. M. Fitzpatrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

S-35903