

FILED DEC 11 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 3009

Registrar's No. 80.

1. PLACE OF DEATH:

(a) County Cape  
(b) City or town Cape Girardeau City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
in this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 526 Good Hope Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Lonnie F. Hill  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month 11 day 11  
year 1941 hour 4 minute 20 A.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Oneida Hill 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 20 1895  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-10 1941, to 11-11 1941,  
that I last saw him alive on 11-10 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
45 11 21 hr. min.

Immediate cause of death. Meningitis (TB)  
Due to Military TB  
Due to \_\_\_\_\_

9. Birthplace Starlime Works, Ky.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Dist. Central Brewery Co.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations IX  
Of autopsy NO  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name Tomis Hill  
13. Birthplace Starlime Works, Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Bertha Hush  
15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Oneida Hill  
(b) Address Cape Girardeau, Mo.  
17. (a) Burial (b) Date thereof 11-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lorimier Cent.  
18. (a) Signature of funeral director L. H. Hanson  
(b) Address Cape Girardeau, Mo.  
19. (a) 11-12-41 (b) F. St. Phelps  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Mean of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) [Signature]  
Address Cape Girardeau Date signed [Signature]

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

14  
13  
14

1014

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**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 \_\_\_\_\_

*Earl V. Smith*

Licensed Embalmer No. \_\_\_\_\_

*2676*

P. O. Address \_\_\_\_\_

*Cape Girardeau, 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.**