

DEC 23 1941

Registration District No. **184**

Primary Registration District No. **5255**

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County **Christian**
(b) City or town **Ozark Mo. R.R.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1 Truhey Truf**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **50 yrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Christian**
(c) City or town **Ozark 22**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **Rural**
(If rural, give location) **0**
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John F. Hilton

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married **Married**
7. Birth date of deceased: **Oct 19 1877**
(Month) (Day) (Year)

8. AGE: Years **63** Months **10** Days **13** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **John Hilton**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Kelizabeth Wadsworth**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Loyal Hilton**

(b) Address **Ozark Mo. R.R.**

17. (a) **Burial** Date thereof **Sept 3-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Prospect cemetery**

18. (a) Signature of funeral director **T. B. Chaffin**

(b) Address **Ozark Mo.**

19. (a) **Oct 1-1941** (b) **Willa Leonard**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **1**
year **1941** hour **10** minute **55-2 M**

21. I hereby certify that I attended the deceased from **1 Aug 9 1941** to **Sept 1 1941**
that I last saw him alive on **Sept 1 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Abscess of right lung**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations **1148**

Of autopsy _____

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 **0**

23. Signature **J. A. Wade** (M. D. or other) _____

Address **Ozark Mo.** Date signed **9-6-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1241-1900

Date Filed DEC 17 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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.