

DEC 13 1941

Registration District No. 429

Primary Registration District No. 5584

Registrar's No.

1. PLACE OF DEATH:

(a) County: Johnson
(b) City or town: Rural Washington Township
(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: 1
(Specify whether
In this community: Ten years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson
(c) City or town: Washington Township
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John Clark Hill

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

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
(b) Name of husband or wife: Hester Catherine Hill
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: August 20 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Nov day: 29
year: 1941 hour: 1:00 minute: AM

21. I hereby certify that I attended the deceased from Oct 15 1941 to Nov 29 1941
that I last saw him alive on Nov 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Duration

Due to: 61
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Diabetes mellitus
Of operations: 3 other nephrectomies
Of autopsy: no

PHYSICIAN: W. C. E. Foster
Underline the cause to which death should be charged statistically.

8. AGE: Years: 79 Months: 3 Days: 9
If less than one day: hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: L

12. Name: unknown

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

14. Maiden name: unknown

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

16. (a) Informant: Norman Hill

(b) Address: Knob Noster, Mo.

17. (a) Burial (b) Date thereof: Nov. 30 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Flag Spring Cem.

18. (a) Signature of funeral director: C. D. Dault

(b) Address: Knob Noster, Mo.

19. (a) Nov 29, 1941 (b) W. C. E. Foster
(Date received local registrar) (Registrar's signature)

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? (c) Means of injury:

23. Signature: H. W. Hooper (M. D. or other)
Address: Knob Noster Date signed: Nov 29

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-11-41

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, ~~only~~

Dudley R Saults

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Dudley R Saults

Licensed Embalmer No. _____

4233

P. O. Address _____

Knob Hoxey

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.