DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 14 1942

Registration District No. 911

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6228

State File No. 43281

Registrar's No. 31

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town COMPETITION ELK CREEK (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 miles West of Competition (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 69 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 114

(a) State MO. (b) County WRIGHT

(c) City or town COMPETITION Rural (If outside city or town limits, write "RURAL")

(d) Street No. 2 miles WEST OF COMPETITION (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME DELIA HILLHOUSE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

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

6. (b) Name of husband or wife E.B. HILLHOUSE

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

7. Birth date of deceased 5 (Month) 20 (Day) 1872 (Year)

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

9. Birthplace Wright Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name I. G. [illegible]
13. Birthplace Unknown (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name SARAH FRANCIS DAVIS
15. Birthplace [illegible] (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant's own signature Herman Hillhouse

(b) Address Competition Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 30 1941 (Month) (Day) (Year)

(c) Place: burial or cremation CLINTON CO.

18. (a) Signature of funeral director Gene E Holdren

(b) Address Hartville Mo

19. (a) 12-15 41 (Date received local registrar) (b) W. T. Wynne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28 year 1941 hour 6:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 1-28 Nov 26, 1941, to Nov 28, 1941; that I last saw her alive on Nov 28, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

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.

94a

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 W. F. Schlicht (M. D. or other)

Address Nunzia Date signed 12/4/41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 6,
District File Number 142-81
Date Filed JAN 9 1942

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 Gene E Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville, 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, above space should be left blank.