V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1889

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 102

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 404 Bellvue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 404 Bellvue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joe Edward Hill

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Mae
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 29 1875 (Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Freeburg Ill (City, town, or county) (State or foreign country)
10. Usual occupation Taxi Co.
11. Industry or business Cape Yellow Cab.

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

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

16. (a) Informant Mrs J E Hill
(b) Address Cape Girardeau Mo
17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 12-6-41 (Month) (Day) (Year)
(c) Place: burial or cremation Marion Ill
18. (a) Signature of funeral director Joe G Howell
(b) Address Cape Girardeau Mo
19. (a) 12-5-41 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1941 hour 3 minute 30 p M.

21. I hereby certify that I attended the deceased from Dec 3rd, 7 10 Pm, 1941, to 3 30 Pm Dec 3rd 41 that I last saw him alive on Dec 3rd, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Edema Lung
Due to Congestive Chill
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration: 90 min

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 John St. Avit (M. D. or other)
Address Cape Girardeau Mo Date signed 12-3-41

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 142-105

Date Filed 1-13-42

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 J. Howell

Licensed Embalmer No. 3390

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.