

Registration District No. 4229

Primary Registration District No. 5584

Registrar's No. 26

1. PLACE OF DEATH

(a) County Johnson
(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 yrs. (Specify whether years, months or days)
In this community 10 yrs.

3. (a) PRINT FULL NAME Hester Catherine Hill

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive ✓ years 1 1863
7. Birth date of deceased. July (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Irwin
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Margaret Kent
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Norman Hill
(b) Address Knob Noster, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Flag Spring Cem. of California

18. (a) Signature of funeral director. C. P. Saults
(b) Address Knob Noster, Mo.

19. (a) 2-28-42 (Date received local registrar) (b) Mrs. C. E. Foster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1942 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 26 1942 to Feb 28 1942
that I last saw her alive on Feb 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Artery
Due to Artery

Due to _____

Other conditions Other Unknown Disease
(Include pregnancy within 3 months of death)

Major findings: Of operations 99.1
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 H. W. Foster (M. D. or other) MD
Address Knob Noster Date signed Feb 28

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-13-42.....

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, ~~any~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Rudley R. Sauls

Licensed Embalmer No.

4233

P. O. Address.....

Kurt Noster, M

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.