DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7416

FILED MAR 5 1942

Registration District No. 8352

Primary Registration District No. 4382

Registrar's No. 43

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

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Thayer Twp
(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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon
(c) City or town Thayer (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Idro 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 Robert Henry Hill

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

7. Birth date of deceased Jan. (Month) 18 (Day) 1882 (Year)

8. AGE: Years 59 | Months 9 | Days 27 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Domestic

11. Industry or business .....

FATHER
12. Name John W. Sweeney
13. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Susanna Dillard
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Sylvia Hill
(b) Address Thayer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/41 (Month) (Day) (Year)
(c) Place: burial or cremation Clifton Cem.

18. (a) Signature of funeral director Lee Carr
(b) Address Thayer Mo.

19. (a) Dec. 8. 1941 (Date received local registrar) (b) Lola E. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th or 15-d. Nov.
day .....
year 1941. hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Kronic Shock in Throat. V — Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings:
Of operations 1950 1

Of autopsy 49 1

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? Home & Thayer Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Lee Carr Coroner 3 (M. D. or other)
Address Thayer Mo. Date signed 11-9-41

1112

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 242273
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.