

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8101

State File No.

Registration District No. 8774

Primary Registration District No. 61518

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Moundville Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Moundville, Mo / R.F.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether
In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME Ida Belle Hill

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife D.B. Hill 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Nov 18, 1912 (Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name John Spindiff

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

14. Maiden name Minnie Vandiver

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

16. (a) Informant D.B. Hill

(b) Address Moundville, Mo

17. (a) Burial (b) Date thereof 2/5/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo

19. (a) Get 20- (b) Mrs D.B. Hill (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Moundville Mo R.F.D. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3, year 1942 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from Nov 9 1941 to Feb 3 1942, that I last saw her alive on Jan 25 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis with decompensation

Due to ✓

Due to ✓

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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)

(e) Means of injury

23. Signature W. Love (M.D. or other)

Address Nevada, Mo Date signed 2/7/42

Duration

Don't know.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

744 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 3-42-217

Date Filed 3-9-42

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

Playd R. Winney

Licensed Embalmer No.

3857

P. O. Address

Kennett, 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.