V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17841

Registration District No. 243 Primary Registration District No. 5336 Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Rural Jackson 2
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dallas 30
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. ~~Bo~~ Elkland Mo. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wm Henry Hill
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5 (Month) 9 (Day) 1942 (Year)

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

9. Birthplace Dallas Co (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Perry Hill
13. Birthplace Dallas Co (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Grace Cullenwater
15. Birthplace Dallas Co (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Perry Hill
(b) Address Elkland Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo
19. (a) 5-19-1942 (Date received local registrar) (b) Mrs Arthur Hoover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19
year 1942 hour 7 minute a M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw him alive on 5-9 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature birth	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

159

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 0
23. Signature C. H. Grimmond (M. D. or other)
Address Buffalo Mo Date signed 5-14-42

112B

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-42-564
Date Filed 6-8-42

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.....

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.