. No. 2
-4-13-40
5-17-39
DI X23159

29
1
0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1942

Registration District No. 2134

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21010

Primary Registration District No. 4144

Registrar's No. 26

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community many years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade 29
(c) City or town Greenfield 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HARVEY GUINN 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 Rena Magdeline Cramer
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased June 25 — 1860
(Month) (Day) (Year)

8. AGE: Years 82 | Months — | Days — | If less than one day hr. min.

9. Birthplace Buffalo Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Dr Cultivator
11. Industry or business

MOTHER FATHER
12. Name Jacob Clark Hill
13. Birthplace Mary Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Merrell
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant J Greenfield
(b) Address Greenfield
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield Cem
18. (a) Signature of funeral director A L Wagnon
(b) Address Lockwood Mo
19. (a) June 28 (Date received local registrar) (b) Phyllis Lack (Registrar's signature)

1082

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 3-4-42, 19..., to 6-25, 1942
that I last saw h— alive on 6-23, 19 42;
and that death occurred on the date and hour stated above.

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

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 H O Cowan (M. D. or other)
Address Greenfield Mo Date signed June 25 '42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 742-915
Date Filed JUL 8 1942

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed R. L. Hammond

Licensed Embalmer No. 3237

P. O. Address Lakewood 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.