

S. No. 2
M-9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23775

Filed AUG 5 1942

Registration District No. 41

Primary Registration District No. 5062

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural; Ozark Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
3 Miles NE of Mindenmines Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 1-0-21
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Mulberry Kansas RFD#2
(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 _____

3. (a) PRINT FULL NAME LARRY GENE 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 Single

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

7. Birth date of deceased July 1 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>0</u>	<u>21</u>	hr. _____ min.

9. Birthplace Barton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Raymond Hill

13. Birthplace Crawford Co. Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Venable

15. Birthplace Barton Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Hill

(b) Address Mulberry Kansas, RFD#2

17. (a) Burial (b) Date thereof 7-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barton City Cemetery

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

(b) Address Lamar, Mo.

19. (a) 7/23/42 (b) Blanche Sackett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st
year 1942 hour about 2:30 P. 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
accidental drowning by falling into strip of water
Due to 50 yds from house

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 006

(b) Date of occurrence 7-21-42

(c) Where did injury occur Near window Barton Co. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work _____ (Specify type of place)
(b) Means of injury _____

23. Signature Raymond Hill
Address Lamar Mo. Date signed 7/21/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

606

1260

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 842-1051

Date Filed AUG 4 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Sam E. Senseney Jr

Licensed Embalmer No. 4099

P. O. Address Lamar 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.