

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23785**

FILED AUG 10 1942

Registration District No. **47**

Primary Registration District No. **5081**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Rural East Boone Sup**
(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. **70 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Oscar Hill**
3. (b) If veteran, name war **-**
3. (c) Social Security No. **-**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Martha Hill** 6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **Nov 1 1861**
(Month) (Day) (Year)

8. AGE: Years **80** Months **8** Days **7** If less than one day hr. min.

9. Birthplace **not known Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Thomas Hill**
13. Birthplace **not known England**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Ray England**
15. Birthplace **not known England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Martha Hill**
(b) Address **Adrian Mo.**

17. (a) **Burial** (b) Date thereof **7-10-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **present hill beam**

18. (a) Signature of funeral director **breath & sint**

(b) Address **Adrian Mo.**

19. (a) **July 10-42** (b) **Etchel C. Stephens**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**
(c) City or town **Rural East Boone Sup**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **yes no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8**
year **1942** hour **one** minute **A.M.**

21. I hereby certify that I attended the deceased from **May 17**
1942, to **July 7**, **1942**
that I last saw him alive on **July 7**, **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**
Due to **Prostatitis**

Due to

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)

(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?

While at work? (Specify type of place) (e) Means of injury **12**

23. Signature **D. L. Colon** (M. D. or other) **do.**

Address **Adrian Mo.** Date signed **7/10/42**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 8-42-827

Date Filed 8-4-42

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~~ and

Fred I. Greath # 3343

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3650

P. O. Address Adrian 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.