

Filed **SEP 9 1942**

Registration District No. **25**

Primary Registration District No. **5069**

Registrar's No. **46**

6000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Barton**

(b) City or town **Lamar Twp (Rural)**
(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 **55 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**

(c) City or town **Lamar**
(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 **CHARLES ALBERT 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 **Mary Alice Hill** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec 26th, 1864**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	7	22	hr. _____ min. _____

9. Birthplace **Burlington, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

MOTHER FATHER {

12. Name **James Hill**

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

14. Maiden name **Elizabeth Williams**

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

16. (a) Informant **Mrs Mamie Richards**

(b) Address **Lamar, MO.**

17. (a) **Burial** (b) Date thereof **8-19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Cemetery**

18. (a) Signature of funeral director **RIVER FUNERAL HOME**

(b) Address **Lamar MO.**

19. (a) **8-19-42** (b) **Martha River**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **18th**
year **1942** hour **1** minute **15A.M.**

21. I hereby certify that I attended the deceased from **June 24**
1942 to **Aug 18**, **1942**
that I last saw him alive on **Aug 19th**, **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
June 23.

Due to **Cerebral hemorrhage**
Aug 8 1942

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **f30**

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? _____

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

23. Signature **C. E. Duckert** (M. D. or other) **MD**
Address **Lamar Mo.** Date signed **Aug 19-1942**

1179

RECEIVED NOV 9 1942

District Health Officer No. 6,

District File Number 942-1300

Date Filed SEP 2 1942

MAR 13 1950

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 *D. W. River*

Licensed Embalmer No. 3141

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.