

2-1
4-11
7-39
X29484

2722

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

FILED JAN 2 1943

State File No.

Registration District No. 176469

Primary Registration District No. 5633

Registrar's No. 150 337

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Aurora 1
(If outside city or town limits, write "RURAL")

(d) Street No. 134 W. Olive St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country ()

3. (a) PRINT FULL NAME Ferdinand Hushon Hill

3. (b) If veteran, name war _____

3. (c) Social Security No. 489249704

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Sept. 8 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

24 3 12 hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business _____

12. Name Vester Hill

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

14. Maiden name Emma Christmas

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

16. (a) Informant Ethel McMichael Reed Clark

(b) Address Mo. State San. Mt. Vernon Mo

17. (a) Rem. (b) Date thereof DEC. 22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation AURORA-MO

18. (a) Signature of funeral director E. P. King

(b) Address Aurora Mo.

19. (a) 12/23/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1942 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec. 16, 1942, to Dec. 20, 1942
that I last saw him alive on Dec. 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Paranephritis or
Paranephritic abscess Duration 6 wks

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 133 L1

Major findings: 133 L1

Of operations _____

Of autopsy see above

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 E. M. Bryan (M. D. or other) _____
Address mt Vernon Mo Date signed 12-20-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1182

RECEIVED

District Health Officer No. 6,

District File Number 143-101

Date Filed JAN 25 1943

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.....

Herma Luridge

Licensed Embalmer No. 3072

P. O. Address. Aurora 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.