DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6154

Registration District No. 21812 Primary Registration District No. 3017 Registrar's No. 18

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 th STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community LIFE

2. USUAL RESIDENCE OF DEATH:
(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 10th STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS IDA MAE HILL
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife VIRGIL HILL
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased FEBRUARY 13 (Month) 1911 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
31	11	30	hr. min.

9. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME
12. FATHER Name FRANK BRUCE
13. FATHER Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)
14. MOTHER Maiden name ELLEN PATTERSON
15. MOTHER Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant VIRGIL HILL
(b) Address BOONVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.
19. (a) Feb-15-43 (Date received local registrar) (b) Dr Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 12th year 1943 hour 1:30 minute P.M.
21. I hereby certify that I attended the deceased from 2-7- 1935, to 2-6- 1943; that I last saw ~~living~~ alive on 2-6- 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis, bilateral	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 [illegible] (M. D. ~~or other~~) MD
Address Boonville, Mo. Date signed 2/15/43

1088

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-4-43

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Bonwell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.