. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1943 /28

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6346

Registration District No. ~~[illegible]~~ Primary Registration District No. 2000 Registrar's No. 170

39 2 6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 64 yr. 5 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 702 N. Grant
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES E. HILL
3. (b) If veteran, name war Unknown
3. (c) Social Security No. 702-07-2188
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora E. Hill
(c) Age of husband or wife if alive 59 years
7. Birth date of deceased Feb (Month) 15 (Day) 1879 (Year)

8. AGE: Years 64 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Greene Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Retired Frisco
11. Industry or business Engineer
MOTHER FATHER
12. Name Daniel F. Hill
13. Birthplace Carroll Co. (City, town, or county) Mo. (State or foreign country) 0
14. Maiden name Sarah Alice Mitchell
15. Birthplace Greene Co. (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Nora E. Hill
(b) Address 702 N. Grant
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB 22 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hobson Chapel
18. (a) Signature of funeral director J. W. Hangmi & Co
(b) Address Springfield Mo
19. (a) 2-20-43 (Date received local registrar) (b) for W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20th year 1943 hour 2:45 minute A.M.
21. I hereby certify that I attended the deceased from 2/8/43 to 2/20/43, 19..., that I last saw him alive on 2/19/43, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	3 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. B. Tummon (M. D. or other) M. D.
Address Springfield, Mo. Date signed 2/27/43

(Licensed Embalmer's Statement on Reverse Side)

987

MAY 11 1949

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 J. B. Lingner

Licensed Embalmer No. 3358

P. O. Address Springfield - 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.