

S. No. 2
M-5-42
5-17-39
I X 3577

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6787

State File No. _____
Registrar's No. 3735

FILED MAR 15 1943

Registration District No. 176

Primary Registration District No. 5655

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 914 days (Specify whether
In this community 914 days years, months or days)

3. (a) PRINT FULL NAME George Joseph Hill

3. (b) If veteran, name war no 3. (c) Social Security No. 490-18-5823

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 3 1911 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 4 18 hr. _____ min.

9. Birthplace Bowling Green Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Truck driver

11. Industry or business _____

MOTHER FATHER { 12. Name George Rutledge Hill
13. Birthplace Orion, Minn. (City, town, or county) (State or foreign country)
14. Maiden name Amanda Rylander
15. Birthplace Sweden (City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael Record Clerk
(b) Address Mo. State San. Mount Vernon
17. (a) Removed (b) Date thereof 2-21-43 (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation Wellsville Mo.

18. (a) Signature of funeral director C. C. Yahr
(b) Address Wellsville Mo.
19. (a) 2-24-43 (b) Lady Bawber (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Middletown (If outside city or town limits, write "RURAL")
(d) Street No. Route #2 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1943 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from August 21, 1940, to Feb. 20, 1943
that I last saw him alive on Feb. 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis Duration over 5 yrs.

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 13 ft

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. B. Stokes (M. D. or other)
Address Mount Vernon, Mo. Date signed 2/21/43

RECEIVED

District Health Officer No. 6;

District File Number 243-293

Date Filed MAR 12 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.....

Licensed Embalmer No. 3059

P. O. Address Wellsville

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.