

FILED MAR 10 1943

Registration District No. 373

Primary Registration District No. 6367

State File No. _____

Registrar's No. 12

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Jackson Township - rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x _____
(Specify whether
In this community life _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Nancy Ellen Hill

3. (b) If veteran, name war x 3. (c) Social Security No. x

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Thomas Franklin Hill 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug 12 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 7 x hr. x min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER { 12. Name Mark B. Evans

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

14. Maiden name Betsey Bennett

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

16. (a) Informant Thomas Hill

(b) Address Marshall Mo R 2

17. (a) Burial (b) Date thereof 2/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Welch Cemetery

18. (a) Signature of funeral director, [Signature]
(b) Address Marshall, Missouri

19. (a) 2/20/43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 15th 1932 to Feb 19th 1943
that I last saw h. er alive on Feb. 19th 1943
and that death occurred on the date and hour stated above

Immediate cause of death Heart Disease Duration 26 yrs.

Due to Functional diseases of the heart 26 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95a

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 [Signature] (M.D. or other) 90
Address Marshall Mo Date signed 2-22-43

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

RECEIVED

District Health Officer No. 6,

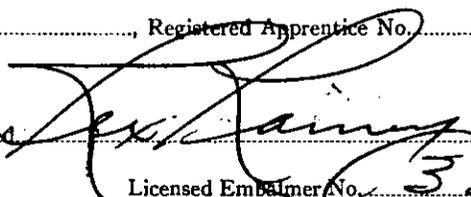
District File Number 243-329

Date Filed MAR 6 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. 3312

P. O. Address Marshfield 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.