. S. No. 2
M—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9382

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 42

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
711 S. 6th., St., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Most of Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair 1 3
(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 702 N. Franklin
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert W. Hills
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M
5. Color or race W 0
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Nora Lee
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 9 (Day) 1863 (Year)

8. AGE: Years 79 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Astora (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Farming.
11. Industry or business
FATHER
12. Name James Hills
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Louisa Moore
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Jerry Hills
(b) Address Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sloans Point Cemetery
18. (a) Signature of funeral director D E Riley
(b) Address Kirksville, Mo.
19. (a) 2/15/43 (Date received local registrar) (b) Mrs. J. F. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1943 hour 6:30 minute P: M.
21. I hereby certify that I attended the deceased from JAN 1940, 19, to Feb 9, 1942;
that I last saw him alive on Feb 9, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Bronchial	4 Days
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
23. Signature C L Martin (M. D. or other) Do.
Address Kirksville Date signed 2/15/43

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 343589
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 Mrs. Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville 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.