S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1943

Registration District No. 316

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11293

Primary Registration District No. 6074

Registrar's No. 22

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Elvins Missouri rt 1
(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 30 years

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

3. (a) PRINT FULL NAME William Joseph Hill

3. (b) If veteran, name war X

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased May (Month) 16 (Day) 1878 (Year)

8. AGE: Years 64 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Ste Genevieve (City, town, or county) County Mo. (State or foreign country)

10. Usual occupation lumber yard

11. Industry or business

MOTHER FATHER

12. Name Issac Hill

13. Birthplace Ste Genevieve (City, town, or county) County Mo (State or foreign country)

14. Maiden name Rebecca Adams

15. Birthplace Ste Genevieve (City, town, or county) County (State or foreign country)

16. (a) Informant Mrs. Willis Thurman
(b) Address Elvins Missouri rt 1

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Wood Lawn (Flat River)

18. (a) Signature of funeral director Cozean
(b) Address Farmington, Missouri

19. (a) Mar. 19, 1943 (Date received local registrar) (b) Byrdie Buhmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15 year '43 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar. 14, 1943, to Mar. 14, 1943; that I last saw him alive on Mar. 14, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Decompensation of heart
Due to Valvular insufficiency
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

92 R

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 Theodore Paul (M.D. or other) D.O.
Address Flat River Mo. Date signed Mar. 19, 43.

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 443-1929
Date Filed 4-5-43

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

one, Registered Apprentice No.

working under my personal supervision.

Signed C H Cozzens

Licensed Embalmer No. 4084

P. O. Address Farmington, Me

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.