

FILED JUN 2 1943

Registration District No. 84

Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dr. Alex VanRavenswaay Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days.
In this community 5 Days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Safayette
(c) City or town Alma
(If outside city or town limits, write "RURAL")
(d) Street No. Rural. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ---

3. (a) PRINT FULL NAME Christ Henry Hill.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Ida Hill. 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Jan. 26th 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 4 1 hr. --- min.

9. Birthplace Effingham, Illinois. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

MOTHER FATHER { 12. Name Rudolph Hill.
13. Birthplace Effingham, Illinois. (City, town, or county) (State or foreign country)
14. Maiden name Matilda Hoeflicker.
15. Birthplace Effingham, Illinois. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Hill.
(b) Address Alma Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29th /43 (Month) (Day) (Year)
(c) Place: burial or cremation Blackburn, Missouri.

18. (a) Signature of funeral director Woodman & Holler
(b) Address Boonville, Mo.

19. (a) May 27-43 (Date received local registrar) (b) Dr. Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27 year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 5-22-43 to 5-27- 1943
that I last saw him alive on 5-27- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. CARDIAC FAILURE
DECOMPENSATION Duration 2 Mo.

Due to ---
Due to HYPERTENSIVE CV. DISEASE ?

Other conditions OBESITY
(Include pregnancy within 3 months of death)

Major findings: 93d
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 Dr. Chas. Swap (M. D. or other)
Address Boonville, Mo. Date signed 5-27-43

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-1-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificaté was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1178

P. O. Address Baconville, 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.