

FILED AUG 12 1943

Registration District No. 720

Primary Registration District No. 5447

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

1. PLACE OF DEATH:

(a) County: Meruety

(b) City or town: Howard Park

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 59 years (Specify whether years, months or days)

In this community: 59 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Meruety

(c) City or town: Tenney (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: 0

3. (a) PRINT FULL NAME: JOHN HARRIS HILL

3. (b) If veteran, name war:

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: 17

6. (b) Name of husband or wife: Maudie Hill

6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: Nov. 21 1858

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 8 1

.....hr.min.

9. Birthplace: Tenn. 1

(City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business:

12. Name: Jesse Hill

13. Birthplace: Tenn. 1

(City, town, or county) (State or foreign country)

14. Maiden name: Sarah M. Gray

15. Birthplace: Mo. 0

(City, town, or county) (State or foreign country)

16. (a) Informant: Wm. C. G. Hill

(b) Address: Tenn. 110

17. (a) Burial (b) Date thereof: 7-27-43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Miller cemetery

18. (a) Signature of funeral director: Brown

(b) Address: Tenn. 110

19. (a) July 27/1943 (b) Howard T. Decker

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22

year 1943 hour 3-30 minute - M.

21. I hereby certify that I attended the deceased from June 21 1943 to July 22 1943

that I last saw him alive on July 18 1943

and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Senility

Due to:

Other conditions: 83a!

(Include pregnancy within 3 months of death)

Major findings: 83a!

Of operations:

Of autopsy:

Duration: 3 days

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. N. Barger (M. D. or other).....

Address: 110 Date signed: 7-25-43

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~~ *W*
embalmed _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. *2947*

P. O. Address: _____

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.