

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 8 1943

Registration District No. 226

Primary Registration District No. 4336

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Monticello

(b) City or town Hillsdale
(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 1 (Specify whether)

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe

(c) City or town Hillsdale 06.9
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John C. Wright Hill

3. (b) If veteran, name war 20

3. (c) Social Security No. 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1943 hour 10 minute 30 A.M.

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

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased here 6-1880
(Month) (Day) (Year)

Immediate cause of death
Respiratory depression
Matrix Alter. 4744

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 11701

Of operations _____

Of autopsy _____

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

62 10 15 _____ hr. _____ min.

9. Birthplace Hillsdale, Monroe, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John Wesley Hill

13. Birthplace Summers, Calif 1
(City, town, or county) (State or foreign country)

14. Maiden name Mabel Hill

15. Birthplace Summers, Calif Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Hill

(b) Address Hillsdale, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Hillsdale

18. (a) Signature of funeral director W. H. Thompson

(b) Address _____

19. (a) 10/23/43 (Date received local registrar) (b) Otis Hedberg (Registrar's signature)

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)

(c) Means of injury _____

23. Signature Geo M. Regan (D. or other) _____
Address Summers Date signed 4/28

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File No. 15431746

Date Filed NOV 5 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 Mr. J. W. Thompson

Licensed Embalmer No. 2282

P. O. Address Henderson, 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.

NOV 6 1943