

S. No. 2
M-5-43
7-5-17-39
F I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38538

State File No. _____

ED NOV 18 1943

Registration District No. 170

Primary Registration District No. 5636

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Conway (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Conway R # 1 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 CHAS. HILLME

3. (b) If veteran, name war _____
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elsie Hillme
6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug 10 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 7 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Earnest J Hillme

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Carolina Doll

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elsie Hillme
(b) Address Conway mo R # 1

17. (a) Burial (b) Date thereof Oct. 19, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bear Spicket

18. (a) Signature of funeral director W.E. Holman
(b) Address Lebanon mo

19. (a) Oct. 25-43 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 6-1-1934
_____ 19. to 10-17 19. 43
that I last saw him alive on 10-17 19. 43
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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. W. Hinds (M. D. or other) MD

Address Conway Date signed 10-23-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1094

(Licensed Embalmer's Statement on Reverse Side)

Received
Laclede County Health Unit
File No. 10-43-1021
Date Filed 11-15-43

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.....

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

.....
working under my personal supervision.

Signed *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon 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.