

FILED JAN 7 1947
Registration District No. 1947

Primary Registration District No. 5422

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Dunklin

(b) ~~Rural~~ Independent

(c) Name of hospital or institution: CD Farm 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo
(Specify whether)

In this community 3 mo
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Dunklin

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

(d) Street No. CD Farm Rural
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN A HILL

(b) If veteran, name war 0

(c) Social Security No. 0

4. Sex male 5. Color or race w

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

6. (b) Name of husband or wife 0

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased: May 2 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 10
If less than one day 0 hr. 0 min.

9. Birthplace: Scott CO MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 0

MOTHER FATHER

12. Name Jim Hill

13. Birth place Jennett MO 9
(City, town, or county) (State or foreign country)

14. Maiden name Sally Bond

15. Birthplace Ballard CO MO 1
(City, town, or county) (State or foreign country)

16. (a) Informant J O Hill

(b) Address Jennett MO

17. (a) Burial (b) Date thereof Dec 13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden

18. (a) Signature of funeral director W T Emmons

(b) Address Jennett MO

19. (a) 12/13/43 (b) John Blankenship
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1943 hour 2 minute a M.

21. I hereby certify that I attended the deceased from Oct 18 43 to Dec 12 43
that I last saw him alive on Dec 10 43
and that death occurred on the date and hour stated above.

Immediate cause of death: De compensation of heart
8 mo

Due to senile arteriosclerosis
Hypertension 10 years

Due to 0

Other conditions (Include pregnancy within 3 months of death) 0

Major findings: 95C2

Of operations 0

Of autopsy 0

Duration

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature John Blankenship (M.D. or other) DD
Address Jennett MO Date signed 12-13-43

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

5
9

RECEIVED

District Health Office No. 2,

District File Number 44-10

Date, Filed 1-5-44

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.....

Licensed Embalmer No.

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.