

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43933
State File No.

Registration District No. 11 3

Primary Registration District No. 6154

Registrar's No.

1. PLACE OF DEATH

- (a) County Stoddard
(b) City or town Richland Township
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Henry Hill

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Star May Hill 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased (Month) (Day) (Year) 1900

8. AGE: Years 43 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace not known (City, town, or county) (State or foreign country) 9

10. Usual occupation labourer

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant H. B. Kincaid

- (b) Address Marionville Mo.

17. (a) Burial (b) Date thereof 11-1-43 (Month) (Day) (Year)

- (c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director N. W. Althoff

- (b) Address Sikeston Mo.

19. (a) Dec 13 - 43 (b) Nora Cross (Date received from registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")

- (d) Street No. 2 miles west of Marionville
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1943 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

- that I last saw him alive on _____, 19____;

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

- Immediate cause of death gun shot wounds in the hands of Shelby Kelly
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 Oct 31 - 1943

- (c) Where did injury occur? on farm of H. B. Kincaid (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 Paul Hearn, Acting Registrar

- Address Blountfield, Mo. Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 1243-1364

Date Filed 12-16-43

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.....

Max Embalsmed, Registered Apprentice No.
working under my personal supervision.

Signed Hunt Albritten

Licensed Embalmer No. 4210

P. O. Address Sikston

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43993-4

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH

- (a) County Shoshone
(b) City or town Rural Fishbowl Gap
(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.

In this community _____
years, months or days)

**3. (a) PRINT
FULL NAME.**

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

4. Sex male 5. Color or race Cal 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased				
		(Month)	(Day)	(Year)
8. AGE:	Years	Months	Days	If less than one day

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

10. Usual occupation.....

11. Industry or business: _____

12. Name _____

- FA 13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

- (b) Address _____

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

- (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

- (b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Stoddard
(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1943 hour _____ minute _____ M

21. I hereby certify that I attended the deceased from _____, 19____
 _____ to _____, 19____
 that I saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death: gun shot
- | |
|----------|
| Duration |
|----------|

Due to _____

Due to.....

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

Major findings:
Of operations

Of autopsy _____ when death should be _____

22. If death was due to external causes, fill in the following:
- (a) Accident, suicide, or homicide (specify): Homicide
- (b) Date of occurrence: Oct 31 - 1943
- (c) Where did injury occur? Arthur Ave. Stoddard Ave.
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? yes (Specify type of place) _____
(c) Means of injury _____

23. Signature J. H. Hagen, Attorney General (M.D. of signer)
Address Springfield, Mo Date signed _____

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

SUPPLEMENTARY

Unit, _____
or days) _____

Henry Hill Cal
eran,
war.

3. (c) Social Security No. _____

5. Color or race _____
6. (a) Single, widowed, married, divorced _____
7. (c) Age of husband or wife if alive _____ year

8. Date of deceased _____ (Month) _____ (Day) _____ (Year) _____
If less than one day _____ min.

9. Place _____ (City, town, or county) _____ (State or foreign country)

10. Occupation _____
11. For business _____

12. Place _____ (City, town, or county) _____ (State or foreign country)
13. Name _____

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year 1943 hour _____ minute _____

21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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S-43993