

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11817
Registrar's No. 31

FILED APR 12 1944
Registration District No. 2943

Primary Registration District No. 5988

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

1. PLACE OF DEATH:

(a) County PuTnam

(b) City or town Rural - Elm Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
L. T. O'NEAL, MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: _____ (Specify whether _____)
In this community ALL HER LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PuTnam ⁸⁶

(c) City or town Rural ⁰
(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 JANE Hill

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from March
20, 1944, to March - 24, 1944
that I last saw her alive on March - 20, 1944
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, 2 divorced WIDOWED

6. (b) Name of husband or wife LEWIS Hill allve _____ years

7. Birth date of deceased DECEMBER 25 1856
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Due to Belaint

Due to _____

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

87 2 17 hr. min.

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace PuTnam Co MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWORK

12. Name Do Not Know

13. Birthplace Do Not Know ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Do Not Know ⁹

15. Birthplace Do Not Know ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Gov. Choate

(b) Address Unionville R.F.D. # 3

17. (a) BURIAL (b) Date thereof MARCH 25 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation PERIGO CEMETERY

18. (a) Signature of funeral director Conslock FUNERAL HOME

(b) Address Unionville Mo

19. (a) 4/5/44 (b) _____
(Date received local registrar)

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

23. Signature P. V. Hart (M. D. or other) _____
Address Centerville Mo Date signed 4-4

RECEIVED

District Health Officer No. 10

District File Number 4-44-738

Date Filed APR 6 1944

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.....

Not Embalmed

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

working under my personal supervision.

Signed.....

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville 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.