

FILED MAY 8 1944

State File No. _____

Registration District No. 735A

Primary Registration District No. 3015

Registrar's No. 25

1. PLACE OF DEATH:
(a) County CLINTON
(b) City or town CAMERON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Went 4 Oct 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether
In this community 49 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CLINTON
(c) City or town CAMERON
(If outside city or town limits, write "RURAL")
(d) Street No. W 4th St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruby Augusta Hills
3. (b) If veteran, name war -
3. (c) Social Security No. -

4. Sex Female! 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 Apr 2 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name John Case Hills

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Martha Evans

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Engine L Hills
(b) Address Cameron Mo

17. (a) Burial (b) Date thereof 4-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Traceland Cem.
18. (a) Signature of funeral director John Funeral Home
(b) Address Cameron Mo

19. (a) 4-14-44 (b) Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 12
year 1944 hour 4:45 minute _____ M.

21. I hereby certify that I attended the deceased from April 8 1944 to April 12 1944
that I last saw her alive on April 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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) _____
(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)
Means of injury _____

23. Signature [Signature] (M. D. or other)
Address Cameron Mo Date signed 4/14/44

WWW.FAMILYSEARCH.ORG UPDATING BACK IN MAKE A PERMANENT RECORD

2
13
39
35897

MOTHER FATHER

1086

mo.

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, ~~on~~ by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3960

P. O. Address
Harrisville N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.