

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14791

State File No.

FILED MAY 8/1944

Registration District No.

Primary Registration District No.

Registrar's No.

32

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains, Missouri
(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 _____ (Specify whether)
In this community 30 yrs. years, months or days

3. (a) PRINT
FULL NAME

Homer James Hill

3. (b) If veteran,
name war X

3. (c) Social Security
No. X

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

6. (b) Name of husband or wife Edith Hill
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 12., 1896
(Month) (Day) (Year)

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

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

10. Usual occupation Painter.

11. Industry or business

12. Name Sam T. Hill,
13. Birthplace Gainsville, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ethel Stevens,
15. Birthplace Gainsville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. T. Hill,
(b) Address West Plains, Missouri

17. (a) B (b) Date thereof 3-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Missouri

19. (a) 4-10-44 (b) Paul Haden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town West Plains, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. Thornburgh Str.,
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from I went to see him on morning of March 5, 1944, but he was found dead on the floor that I last saw him alive on don't remember. 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular Disease,
Exact nature undetermined.

Due to Alcoholism; acute, ism

Due to Alcoholism chronic.
He had drank hard liquor for years.

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)
(e) Means of injury _____

23. Signature Paul Haden (M. D. or other) M. D.
Address West Plains, Mo. Date signed 3/18/44

(Licensed Embalmer's Statement on Reverse Side)

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

S. B. BEECHER, M. D.
Special Agent, Bureau of the Census
SALEM, MISSOURI

RECEIVED
District Health Officer No. 5,
District File Number 444270
Date Filed 5-6-44

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 Paige D. Roberts

Licensed Embalmer No. 3435

P. O. Address West Plains, 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.