

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Simplex 5124

FILED MAY 8 1944
184

State File No.
Registrar's No. 314

Registration District No.

Primary Registration District No. 3038

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(c) Name of hospital or institution 412 Market 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)
In this community 2 years

3. (a) PRINT FULL NAME George Washington Hill
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife L Francis Hill
6. (c) Age of husband or wife if alive 11 - 1862 years (Day) (Year)
7. Birth date of deceased Oct - 11 - 1862 (Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Linn Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Hillis D. Hill

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

14. Maiden name Russell Youn (City, town, or county) (State or foreign country)

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

16. (a) Informant John Hill

(b) Address Brookfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr - 8 - 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Old New Garden

18. (a) Signature of funeral director Hill Funeral Chapel

(b) Address Brookfield Mo

19. (a) 4-8-1944 (Date received local registrar) (b) H. H. Luman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Brookfield
(d) Street No. 412 Market
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1944 hour 4 minute 10 AM

21. I hereby certify that I attended the deceased from 1935, 1944, to April, 1944
that I last saw him alive on April 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis 3yr

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
(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 H. B. Simpson (If D. or other)

Address Brookfield Mo Date signed 4-2-44

Underline the cause to which death should be charged statistically.

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

J. M. Blacklock

Licensed Embalmer No. *2246*

P. O. Address

Brookfield Ma

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.