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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17769

Registration District No. 68 Primary Registration District No. 5-267 Registrar's No. 11

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Highlandville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: J. M. Galloway Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: most of his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Christian
(c) City or town: Highlandville Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: None
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John Hilton
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name ~~of husband~~ or wife: Not Living
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 23 (Day) 1871 (Year)

8. AGE: Years 73 Months 0 Days 3
If less than one day ..... hr. ..... min.

9. Birthplace: Christian Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Samuel Hilton
13. Birthplace: Tenn.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Emma Scott
15. Birthplace: Tenn.
(City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. C. W. Hampton
(b) Address: Spokane Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Spokane Cemetery
18. (a) Signature of funeral director: T. B. Chaffin
(b) Address: Ozark Mo.
19. (a) April 7 1944 (Date received local registrar) Mabel Mapes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1944 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov. 11, 1943, to April 26, 1944, that I last saw him alive on April 23, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular Heart Trouble — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

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: J. H. Wade (M. D. ~~or other~~)
Address: Ozark Mo. Date signed 5-1-44

136

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 544-578
Date Filed MAY 17 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 .....

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

working under my personal supervision.

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, Mo.

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

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