

FILED JUN 9 1944
Registration District No. _____

Primary Registration District No. 5447

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

1. PLACE OF DEATH: Henry - Howard Hill

(a) County Denver - rural

(b) City or town _____
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 35

(c) City or town Denver - Rural Howard Hill
(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 _____

3. (a) PRINT FULL NAME MARTHA HILL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1944 hour 5 minute 0 M.

4. Sex ♀

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John H Hill

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased Aug 28 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10 1944 to May 12 1944
that I last saw her alive on May 10 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 8 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Henry, Howard County, Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Coronary atherosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Sowards

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

14. Maiden name Martha Brunner

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Albert Hill

(b) Address Denver 116

17. (a) Burial (b) Date thereof May 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller cemetery

18. (a) Signature of funeral director Bran Brun

(b) Address Denver 116

19. (a) May 22/44 (b) Harold W. Webster
(Date received local registrar) (Registrar's signature)

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 F. N. Barger (M. D. or other) _____
Address Albany Mo Date signed May 22 1944

1.11. AMT 115

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.....

This body was not embalmed
working under my personal supervision. *not embalmed* Registered Apprentice No.....

Signed..... *J.P. Brown*

Licensed Embalmer No. *2947*

P. O. Address..... *Denver, 110*

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.