S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18409

Registration District No. 1 83 — Primary Registration District No. 5596 — Registrar's No. 40

1. PLACE OF DEATH:

(a) County: Jefferson

(b) City or town: Rural — (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route #1, DeSoto — Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether In this community years, months or days): 13 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: Route #1, DeSoto Mo. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: —

3. (a) PRINT FULL NAME: LYMAN O. HILL

3. (b) If veteran, name war: No

3. (c) Social Security No.: 489-28-7405

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mable Pettit

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: Sept. (Month) 23 (Day) 1901 (Year)

8. AGE: Years 42 | Months 8 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace: St. Jacob (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Machinist

11. Industry or business: Mid West Screw Prod. Co.

FATHER
12. Name: John Hill
13. Birthplace: — (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Laura Voigt
15. Birthplace: Marine (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Mable Hill

(b) Address: Route 1 De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Lake Charles (St. L. Co.)

18. (a) Signature of funeral director: J. Lee Mothershead

(b) Address: De Soto — Mo.

19. (a) 6-2-44 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1944 hour about 1 minute a. M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral stenosis and rheumatic heart disease — Duration: years

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 92 b

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Donnell B. Dietrich Coroner

Address: DeSoto Mo. Date signed: June 1944

(Licensed Embalmer's Statement on Reverse Side)

56
6
0

223
6-44

367

JUN 7 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 Lee Mockershead

Licensed Embalmer No. 3531

P. O. Address D Toto 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.