

FILED JUN 6 1944

Registration District No. 2044

Primary Registration District No. 4339

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County MONROE

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

(c) Name of hospital or institution: I. E. CALDWELL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 6 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

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

(d) Street No. E. CALDWELL ST.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME EDWIN ALLEN HILL

3. (b) If veteran, name war ✓

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17
year 1944 hour 4 minute 09 A.M.

21. I hereby certify that I attended the deceased from April 10 1944 to May 17 1944
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased: SEPT. 15, 1867
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis

Due to arterio Sclerosis

8. AGE: Years 76 Months 8 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace: MONROE CO., MO
(City, town, or county) (State or foreign country)

10. Usual occupation: NONE

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

Major findings: 94a

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name: JOSEPH HILL

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

14. Maiden name: MARY ELIZABETH HILL

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

16. (a) Informant: Kathleen Robinson
(b) Address: PARIS, MO.

17. (a) BURIAL (b) Date thereof: MAY 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: HOLLIDAY, MO.

18. (a) Signature of funeral director: [Signature]
(b) Address: Paris, Missouri

19. (a) 5-17-44 (b) Wayne Gartin
(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) (b) Means of injury _____

23. Signature: [Signature] (M. D. or other) _____
Address: PARIS, MO. Date signed: 5-17-44

1374

RECEIVED

District Health Officer No. 10

District File Number 6-44-1028

Date Filed JUN 5 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 A. G. Blakey
Licensed Embalmer No. 2616
P. O. Address Paris, Missouri

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.