

FILED JUN 20 1944

Primary Registration District No. 4263

Registrar's No. 190

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Novelty
(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 1
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Fred Milton Hill

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Vida Shores (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov-10-1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Novelty Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Resturant Owner

11. Industry or business.....

MOTHER FATHER { 12. Name Milton Hill

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

14. Maiden name Ellen Smith

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

16. (a) Informant Mrs. C. M. Nichols
(b) Address 3103 Coleman Rd Kansas City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-10-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Novelty, Missouri

18. (a) Signature of funeral director Kath Hudson
(b) Address Edina, Missouri

19. (a) May 22-44 (Date received local registrar) (b) Della Northcutt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52
(c) City or town Novelty 0
(If outside city or town limits, write "RURAL") 0
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1944 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 7
1944 to May 8, 1944.
that I last saw him alive on May 3, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Coronary Occlusion ?

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

Major findings: gfa
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.....
Signature Waldo B. Shaw (M. D. or other) MD
Address Newark Mo Date signed 5/10/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5200

1142

RECEIVED

District Health Officer No. 10

District File Number 6-44-1179

Date Filed JUN 15 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 Keith Hudson
Licensed Embalmer No. 2415
P. O. Address Edina, Miss.

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.