S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5444

State File No. 27709

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural Athens Twp
(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 years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

(c) City or town Rural
(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 Patience Marcella Hill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 24 (Day) 1862 (Year)

8. AGE: Years 81 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Gentry Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Samuel Rice
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Victoria Duncan
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Jack Cox
(b) Address Albany, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5-44 (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Albert Smith
(b) Address Albany Mo

19. Aug 12-1944 (Date received local registrar) (b) Honey M. Mhater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1944 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Aug 3 — 1944, to Aug 3 — 1944, that I last saw her alive on Aug 3 — 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
hypostatic pneumonia	4 days
Due to	
Due to	
Other conditions Exoph. goitre (Include pregnancy within 3 months of death)	3 mos

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 Frank H. Rose (M. D. or other) M.D.

Address Albany, Mo. Date signed 8-4-44

1108

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed C. Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.