

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27749

FILED SEP 9 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 680

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield,
(c) Name of hospital or institution: H Burger-Connelly Rest Home, 1033 Cherry
(d) Length of stay: In hospital or institution.....
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield,
(d) Street No. 2105 N. Broad
(e) Citizen of foreign country?..... (Yes or No)

3. (a) PRINT FULL NAME Fannie Kinsley Hill
(b) If veteran, name war Unknown
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 20th, year 1944 hour 7:00 minute P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George H. Hill
6. (c) Age of husband or wife if alive, deceased Deceased
7. Birth date of deceased August 8, 1860

21. I hereby certify that I attended the deceased from August 9 1944 to August 20 1944 that I last saw him alive on August 19 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 0 Days 12 If less than one day hr. min.

Immediate cause of death Inanition - Senility

9. Birthplace McGregor, Iowa
10. Usual occupation In Home

Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

11. Industry or business.....
12. Name Guy Kinsley
13. Birthplace Unknown Vermont
14. Maiden name Lucinda Cleworth
15. Birthplace unk. 9

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. G. E. Runner
(b) Address Springfield, Missouri
17. (a) Burial (b) Date thereof Aug. 24, 1944
(c) Place: burial or cremation Maple Park Cemetery

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 8-22-44 (b) Dr. W. H. Handley
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)
(c) Means of injury.....
23. Signature W. H. Handley (M. D. or Other)
Address 324 Rowland Bldg. Springfield, Mo. Date signed 8/21/44

984 (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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed, *Starlow Knabb*

Licensed Embalmer No. *4065*

P. O. Address *Springfield, 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.