

S. No. 2
M-8-43
5-17-39
I x376

FILED AUG 25 1944
Registration District No. 156

Primary Registration District No. 2051

Registrar's No. 383

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
823 Ohio
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 4-1

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 823 Ohio 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME James Martin Hill

3. (b) If veteran, name war

3. (c) Social Security No. 500-09-1264

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1944 hour 10:30 A. M. minute

4. Sex Male 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

7. Birth date of deceased June 8, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 6
1944 to Aug 3, 1944

that I last saw him alive on Aug. 2, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 1 Days 25
If less than one day hr. min.

Immediate cause of death
Heart & Respiratory failure

Due to Pneumonia

Due to 81

9. Birthplace Boston Massachusetts
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death)

Major findings: 100

11. Industry or business

12. Name No record

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record
(City, town, or county) (State or foreign country)

Of operations

Of autopsy

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

16. (a) Informant Mrs. Jerry Johnson

(b) Address 823 Ohio, Joplin, Missouri

17. (a) Burial (b) Date thereof 8-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Missouri

19. (a) 8-4-44 (b) Arthur S. Slaughter
(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?

(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 2

23. Signature W. E. Hurlbut (M. D. or other) 80
Address 521 W-4 Joplin Date signed 8-3-44

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

MOTHER, FATHER

1204

44-8-656

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: *Ray K. Hildebrand*

Licensed Embalmer No. *959*

P. O. Address: *Dayton 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.