S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28161

State File No.

Registration District No. 17

Primary Registration District No. 4280

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Statts City 55
(If outside city or town limits, write "RURAL")

(d) Street No. x 0
(If rural, give location)

(e) Citizen of foreign country? x 0 (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Sarah Florence Hill

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Female

5. Color or race white

6. (a) Single, widowed, married, divorced Wid. F

6. (b) Name of husband or wife Dan M Hill

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

7. Birth date of deceased Nov (Month) 7th (Day) 1861 (Year)

8. AGE: Years 82 | Months 8 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Lawrence Co. (City, town, or county) 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Sam Patton
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alva Hill
(b) Address Statts City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Beck Cemetary

18. (a) Signature of funeral director Geo B Orr
(b) Address Mt Vernon Mo

19. (a) Aug 2-44 (Date received local registrar) (b) Annie Whinley (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 25th year 1944 hour 7:45 minute a M.

21. I hereby certify that I attended the deceased from July 18- 1944 to July 25 1944 that I last saw her alive on July 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 7 days

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

P A Holmes M.D.

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 P A Holmes (M. D. or other)

Address Mt Vernon Mo Date signed 7-26-44

1182 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 844-927
Date Filed AUG 16 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 Geo. B Orr

Licensed Embalmer No. 9x6

P. O. Address Mt Vernon 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.