

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31338

FILED OCT 11 1944

Registration District No. 270

Primary Registration District No. 5772

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Medicine 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 1 (Specify whether)
In this community All His Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65
(c) City or town Rural 0
(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: 0

3. (a) PRINT FULL NAME John R. Hill

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

4. Sex Male 0 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: Feb. 9 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 7 11 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Pleasant Hill

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

14. Maiden name Myers

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

16. (a) Informant Cecil R. Hill

(b) Address Langeloth Pa.

17. (a) Burial (b) Date thereof: 9-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Harris

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 9/21/44 (b) Evon Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1944 hour 9 minute 45 AM

21. I hereby certify that I attended the deceased from Sept 13
_____, 1944 to Sept 19, 1944
that I last saw him alive on Sept 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: _____

Due to: _____

Other conditions: gzw
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 _____

23. Signature U. S. Bradley (M. D. or other)

Address Harris, Mo Date signed 9/21/44

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

05
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1067

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

Signed.....

H. Fran Martin

Licensed Embalmer No. 3760

P. O. Address. Princeton, Ms.

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.