S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35535

FILED NOV 8 1944

Registration District No. 0

Primary Registration District No. 6225

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hosp No 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 (Specify whether
In this community 9 years 1 mo 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

(c) City or town Plato 102
(If outside city or town limits, write "RURAL")

(d) Street No. unknown
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MILDRED - HILL

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Lawrence Hill

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

7. Birth date of deceased Dec (Month) 14 (Day) 1905 (Year)

8. AGE: Years 38 Months 9 Days 20 If less than one day — hr. — min.

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

10. Usual occupation formerly housewife

11. Industry or business none

FATHER
12. Name James Sullivan
13. Birthplace Plato (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Elizabeth Mason
15. Birthplace Franklinville (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant Records State Hosp
(b) Address Nevada, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct (Month) 5 (Day) 1944 (Year)
(c) Place: burial or cremation Carbon Mo.

18. (a) Signature of funeral director Kays Funeral Service
(b) Address Nevada Mo.

19. (a) 10-7-44 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 4 year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1939 to Oct 4 1944 that I last saw her alive on Oct 4 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration few hours

Due to

Due to 94A

Other conditions Dementia Precox 23yr (Include pregnancy within 3 months of death) (deteriorated)

Major findings:
Of operations no operation
Of autopsy no autopsy

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

22. If death was due to external causes, fill in the following: No.

(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 Paul L Borone (M. D. ~~or other~~)

Address State Hosp No 3 Date signed Oct 4 1944

1331

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo

RECEIVED
Di[illegible] Officer No. 7,
District File Number 10-44-1248
Date Filed 11-7-44

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 Allen E. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.