

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 19 1945
Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1632**
Registrar's No. **6**

Primary Registration District No. **3005**

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

1. PLACE OF DEATH:
(a) County **Bates**
(b) City or town **Butler**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
404 N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Herman Howell Hill**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Anna Sutton Hill** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **July 12 1875**
(Month) (Day) (Year)

8. AGE: Years **69** Months **5** Days **26** If less than one day
hr. min.

9. Birthplace **Charlotte Twp. Bates Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Pleasant Hill**
13. Birthplace **Linn Co. Iowa**
(City, town, or county) (State or foreign country)
14. Maiden name **Annie Marie Howell**
15. Birthplace **Orange Co. New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ms Anna Sutton**
(b) Address **Butler Mo R F 10**

17. (a) **Burial** (b) Date thereof **Jan 9 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Wak. Hill**

18. (a) Signature of funeral director **Carlisle**
(b) Address **Butler Mo**

19. (a) **1-9-45** (b) **Carlisle**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Bates**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Charlotte Township**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **7**
year **1945** hour **8** minute **25** A. M.

21. I hereby certify that I attended the deceased from **Nov 17**, 19**44** to **Jan 7**, 19**45**
that I last saw him alive on **Jan 6**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Bronchial**
Due to **asthma**

Due to **Chronic Myocarditis**
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **gzh**
Of autopsy _____

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?

While at work _____ (Specify type of place)
(c) Manner of injury _____
23. Signature **Carlisle** (M. D. or other)
Address **Butler, Mo** Date signed **1-8-45**

1540

FEB 20 1945

1-45-100

Date of Death 2-9-45

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 *CE Culan*

Licensed Embalmer No. 2576

P. O. Address *Butte, 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.