

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1945

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No.

1665

Registrar's No. 309

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
611N. 7th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
(Specify whether
In this community 2 Years
years, months or days)

3. (a) PRINT FULL NAME ISABELLE HILL

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Riley Hill 6. (c) Age of husband or wife if alive 1861 years
7. Birth date of deceased 2 - 4 - 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 18 If less than one day
hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name John Barkwell
13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Celia Pigg
15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L.D. Henderson
(b) Address Route 3, Columbia, Mo.

17. (a) Removal (b) Date thereof 12-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland, California

18. (a) Signature of funeral director Parkero

(b) Address Columbia, Mo.

19. (a) 12-23-44 (b) Celia H. Barker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 2 hour 15 minute A.M.

21. I hereby certify that I attended the deceased from December 17, 1944 to Dec 22, 1944
that I last saw her alive on Dec 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 2 min

Due to Chronic Myocarditis 2 min

Due to None

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

Major findings: None
Of operations None
Of autopsy None
PHYSICIAN None
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) (e) Means of injury None

23. Signature AMK Kampfer (M. D. or other)
Address Columbia, Mo. Date signed 12-23-44

1250

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 1-19-45

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.....

Licensed Embalmer No. 3893

P. O. Address Columbia m

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.