

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1945
274

Registration District No.

Primary Registration District No. 5929

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Houstonia (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Houstonia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 2 yrs. (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Houstonia (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME LON EDGAR HILL

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ANNIE HILL 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July 6 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name Henry A Hill
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Henry Etta Robinson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ed. Hill
(b) Address Houstonia Mo

17. (a) Rural (b) Date thereof 1-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mc Gu Chapel

18. (a) Signature of funeral director Hestwood
(b) Address Houstonia Mo

19. (a) 1-10-45 (b) Mrs Anna Deager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month X / day 1 - 9 - 1945
year 11 hour 15 minute P.M.

21. I hereby certify that I attended the deceased from 1940, to Jan 9 1945
that I last saw him alive on Jan 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to apoplexy for 4 years

Due to age probably

Other conditions (Include pregnancy within 3 months of death) 1

Major findings: Of operations 830
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?

(Specify type of place) While at work? (c) Means of injury

23. Signature L. P. K. ... (M. D. or other)
Address Houstonia Mo Date signed Jan 10 1945

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

MOTHER FATHER

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 28. 10

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 H. M. Smiley

Licensed Embalmer No. 3987

P. O. Address Houstonia 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.