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

FILED MAR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58557

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 46.

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouru (b) County: Cape Girardeau

(c) City or town: Whitewater (If outside city or town limits, write "RURAL") 16

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

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

If yes, name country

3. (a) PRINT FULL NAME: Jessie Brown Hill

3. (b) If veteran, name war:

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Rev. John A. Hill

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

7. Birth date of deceased: August (Month) 15th (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
74	5	21	hr. min.

9. Birthplace: Grandview (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: John N. Brown
13. Birthplace: Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Phoeba ----
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant: Frank Jones

(b) Address: Whitewater, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-08-1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Stroderville Cemetery

18. (a) Signature of funeral director: L. L. Haman

(b) Address: Cape Girardeau, Missouri.

19. (a) 2-14-45 (Date received local registrar) (b) H. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 6th year: 1945 hour: 8 minute: P. M.

21. I hereby certify that I attended the deceased from 2-3, 1945, to 2-6, 1945, that I last saw he alive on 2-6, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Cholecystitis

Due to:

Due to:

Other conditions: Myocarditis (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:

(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: [illegible] (M. D. or other)

Address: Cape Girardeau Date signed: 2/14/45

(Licensed Embalmer's Statement on Reverse Side)

1014

RECEIVED

District Health Officer No. 4

District File Number 345-316

Date Filed 3-6-45

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. .....

P. O. Address .....

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.