

S. No. 2  
DOM-2-43  
v. 5-17-39  
I X35097

FILED MAR 14 1945  
Registration District No. 322

Primary Registration District No. 1472

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Miami

(c) Name of hospital or institution: 1

(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97

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

(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 James J. 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 Eta B Hill 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 19 1871 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pleasant Point W. Virg. (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Oennis Hill

13. Birthplace Virg. (City, town, or county) (State or foreign country)

14. Maiden name don't know

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Eta B. Hill

(b) Address Miami Mo

17. (a) ✓ (b) Date thereof Feb. 14 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami cemetery

18. (a) Signature of funeral director Robert Johnson

(b) Address Miami Mo

19. (a) Mar 9 - 45 (b) Mrs. John Gigu (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11 year 1945 hour 8:10 minute 10 P. M.

21. I hereby certify that I attended the deceased from February 1945 to February 11 1945 that I last saw him alive on February 10 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Decompensation Duration 1 yr.

Due to myocardial infarction 5 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ 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) (e) Means of injury \_\_\_\_\_

23. Signature A. Sullivan (M. D. certified)

Address Miami, Mo. Date signed 3/12/45

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

777  
000

1211

RECEIVED

Health Officer No. 8,

Permit File Number \_\_\_\_\_

Date Filed 3/18/72

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, \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Jan. N. Quinn  
Licensed Embalmer No. 1171  
P. O. Address Marshall 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.