

FILED APR 6 1945

Registration District No. 348

Primary Registration District No. 40512

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Newtown  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community Ten years  
years, months or days)

3. (a) PRINT FULL NAME SARAH Minnett Hill

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced unmarried

6. (b) Name of husband or wife Charles Hill 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept. 14 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 5 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Stephen Weels

13. Birthplace unknown 4  
(City, town, or county) (State or foreign country)

14. Maiden name Diantha Evans

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Pulman

(b) Address Newtown Mo

17. (a) Burial (b) Date thereof 3 11 - 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Torrey Cemetery

18. (a) Signature of funeral director Judd Payne

(b) Address Newtown

19. (a) March 30 1945 (b) Erita Caldwell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan  
(c) City or town Newtown Mo 105  
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
year 1945 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 1943 to March 11, 1945  
that I last saw her alive on March 7, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
Due to.....

Duration 5 yrs

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 136  
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 C. E. Wise M. D. or other.....  
Address Paris Mo Date signed 3/12/45

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

25  
0  
0

MOTHER FATHER

**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 T. Howard Gudi  
Licensed Embalmer No. 3240  
P. O. Address Merrittown Md

**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.**