V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

Registration District No. 373

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6265

State File No. 14856

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - S. Grant Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x x 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11 2

(a) State Missouri (b) County Webster 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. S. Grant Township
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME William Edward Hill

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Margaret Elizabeth

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

7. Birth date of deceased July - 14 - 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	7	28	x hr. x min.

9. Birthplace Arkansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name George Hill
13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Mayberry
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant William Hill (son)
(b) Address Marshfield, Mo.

17. (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 3-15-45
(Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Easter Williams Cemetery

18. (a) Signature of funeral director Lee Jamey
(b) Address Marshfield, Mo.

19. (a) March 1845 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

1344

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1945 hour 1 minute p.M.

21. I hereby certify that I attended the deceased from Oct. 13, 1939, to March 12, 1945;
that I last saw him alive on April 18, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	Few Days
Due to Chronic Bronchitis (Not Tubercular)	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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 0

23. Signature C. P. Macdonnell (M. D. or other) M.D.
Address Marshfield Mo. Date signed 3/13/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6, (444)
District File Number 445-444
Date Filed APR 17 1945

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 Lex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.