U. S. No. 2
100M—2-43
Rev. 5-17-39
MO-I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1945

Registration District No. 1806

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 17196

Registrar's No. 250

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: Derfelt 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: 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton

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

(d) Street No.: 3432 Moffett Ave.
(If rural, give location)

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

If yes, name country: No

3. (a) PRINT FULL NAME: Eldora Hill

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Fem.

5. Color or race: White

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

6. (b) Name of husband or wife: William L. Hill

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

7. Birth date of deceased: June 18, 1868. (Month) (Day) (Year)

8. AGE: Years 76 | Months 11 | Days 11 | If less than one day: ____ hr. ____ min.

9. Birthplace: Newton Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: retired housewife

11. Industry or business:

FATHER
12. Name: James Brown
13. Birthplace: Georgia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Hale
15. Birthplace: Indiana (City, town, or county) (State or foreign country)

16. (a) Informant: William L. Hill
(b) Address: 824 Pearl St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Stoney Point Cem.

18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin Mo.

19. (a) 6-1-45 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

1204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 31, day 1945, year ____ hour 12-15 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from May 29, 1945, to May 31, 1945, that I last saw he alive on May 31, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia.	
7 days.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 108
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? (e) Means of injury:

Signature: H. H. Kendall (M. D. or other) Do

Address: 3414 Joplin Date signed: 6/1/45

(Licensed Embalmer's Statement on Reverse Side)

45-5-462

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 Jerry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.