

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21081

State File No. _____

FILED JUN 30 1945

Registrar's No. _____

Registration District No. 299

Primary Registration District No. 6026

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

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town rural Carroll Twp
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME Barbara Anna Hill

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race white

6. (a) single widowed divorced married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____ years _____ months _____ days

7. Birth date of deceased July 29 1864
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>80</u> | <u>10</u> | <u>22</u> | hr. _____ min. |

9. Birthplace Markown _____
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business no

MOTHER FATHER

12. Name Blesse

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

14. Maiden name Baker

15. Birthplace Markown _____
(City, town, or county) (State or foreign country)

16. (a) Informant Edd Jackson

(b) Address Bunker, Mo.

17. (a) Burial (b) Date thereof June 26, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds, Mo.

18. (a) Signature of funeral director Clarence P. Powell

(b) Address Bunker Missouri

19. (a) June 27 1945 (b) Mar. Lopez Wellington
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds

(c) City or town rural Carroll Twp
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1945 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from off and on
for 10 years, 19 _____, to _____, 1945
that I last saw her alive on Mar. 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Infermeries of age

Due to _____

Due to 200a

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 L. L. Henson (M. D. or other) _____
Address Bunker, Mo. Date signed 6-20-45

RECEIVED

District Health Officer No. 5,

District File Number. 645-316

Date Filed 6.29.45.

2202

PPE

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. 2101

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.