U. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23354

FILED AUG 14 1945

Registration District No. 18 Primary Registration District No. 4163 Registrar's No. 69

1. PLACE OF DEATH:
(a) County DAVIESS
(b) City or town JAMESPORT
(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) 1
(d) Length of stay: In hospital or institution —
In this community 6 9 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DAVIESS 31
(c) City or town JAMESPORT 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IDA MAY HILL
3. (b) If veteran, name war —
3. (c) Social Security No. NONE

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife WILLIAM L. HILL
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased JUNE (Month) 8 (Day) 1876 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21
year 1945 hour 4:05 minute P. M.
21. I hereby certify that I attended the deceased from Dec 1944, 19 to July 21, 19 45
that I last saw h alive on July 21, 19 45
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: arteriosclerosis	
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.

8. AGE: Years 69 Months 1 Days 11 If less than one day — hr. — min.

9. Birthplace Davis County MO. 0 (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME

MOTHER FATHER
12. Name JEFFERSON E HAMILTON
13. Birthplace Davis County MO. 0 (City, town, or county) (State or foreign country)
14. Maiden name Mary Davis
15. Birthplace Carrollton MO 0 (City, town, or county) (State or foreign country)

16. (a) Informant L. L. Kelley Wife
(b) Address JAMESPORT MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 24, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove Cemetery, Jamesport, Mo
18. (a) Signature of funeral director Kelsay & Kelsay
(b) Address Gallatin Mo
19. (a) 7-24-1945 (Date received by registrar) (b) L. O. Nicholson (Registrar's signature)

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

23. Signature J. B. Barkley (M. D. or other) MD
Address Jamesport Mo Date signed 7-24-45

1084 (Licensed Embalmer's Statement on Reverse Side)

FEB 9 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.....

.....Myself..... Registered Apprentice No.....,

working under my personal supervision.

Signed.....Rayme A Davis.....

Licensed Embalmer No: 3424

P. O. Address Drenton, 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.