

S. No. 2
M-2-43
5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1945 STANDARD CERTIFICATE OF DEATH

State File No. **30488**

Registration District No. 114 Primary Registration District No. 487-64141 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Sullivan Mo
(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 18 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CRAWFORD 28
(c) City or town SULLIVAN (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Smith Hill
3. (b) If veteran, name war No 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 5th
year 1945 hour 10 minute 5 a.m.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Eda Hill 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased July 11 1871
(Month) (Day) (Year)

Immediate cause of death accidental Death by Frisco Train
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 74 Months 1 Days 24 If less than one day _____ hr. _____ min.
9. Birthplace Morrisville Illinois
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy no 16 1/2
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Auto Dealer (Retired)
11. Industry or business auto
12. Name Chas. A Hill
13. Birthplace NEW JERSEY
(City, town, or county) (State or foreign country)
14. Maiden name Rachel G. Clouse
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant HAROLD HILL
(b) Address PANA ILLINOIS
17. (a) Burial (b) Date thereof Sept 9, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MORRISONVILLE ILLINOIS
18. (a) Signature of funeral director Wm. H. Shaffer
(b) Address SULLIVAN MO
19. (a) 9-7-45 (b) Ed R. Carter
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 9/2/1945
(c) Where did injury occur? Sullivan Franklin Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
west crossing Railroad tracks
While at work? yes (Specify type of place) (e). Means of injury struck by street car
23. Signature E. H. Stroman (M. D. or D. O. M. D.)
Address Union Mo Date signed 9/5/1945

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

376
4
0

1447

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-2-45

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

Edgar W. Laffoon

Licensed Embalmer No.

3394

P. O. Address

Sullivan 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.