

S. No. 2
M-8-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30633

FILED OCT 26 1945
Registration District No. 139

Primary Registration District No. 4222

State File No. _____
Registrar's No. 1

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Bigelow
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bigelow Mo.
(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

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

3. (a) PRINT FULL NAME John William Hill.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Mae Hill. 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec. 4th, 1869.
(Month) (Day) (Year)

8. AGE:	Years <u>75</u>	Months <u>8</u>	Days <u>28</u>	If less than one day hr. _____ min. _____
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9. Birthplace Decatur Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Grain Dealer.

11. Industry or business _____

12. Name Thomas Hill.

13. Birthplace Macon County, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Louise George.

15. Birthplace Macon Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Gen M. Hill.

(b) Address Bigelow Mo.

17. (a) Burial (b) Date thereof Sept. 5/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon Missouri.

18. (c) Signature of funeral director W. H. Crawford

(b) Address Mound City, Missouri.

19. (a) Sept 5 (b) 45 B. Chary
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd.
year 1945. hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 3 to Sept 2 1945
that I last saw him alive on Sept 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis 2 WEEKS
Due to Rheumatism

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9/2
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature FC Hogan (M. D. or other) _____
Address Mound City Date signed 9-7-45

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

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

W. C. Crawford

Licensed Embalmer No. *1824*

P. O. Address

Mound City 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.