

FILED NOV 1 1945
Registration District No. 248

Primary Registration District No. 46-11

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Harris
(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: All his Life
years, months or days)

3. (a) PRINT FULL NAME Ira W. Hill

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: May 16 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 25 hr. min.

9. Birthplace: Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation: Pensioner

11. Industry or business:

12. Name Wm. E. Hill
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Susan Quinn
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Butcher

(b) Address Harris, Mo.

17. (a) Burial (b) Date thereof: 9-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Harris

18. (a) Signature of funeral director: Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) Sept 25-45 (b) Grith Caldwell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Sullivan
(c) City or town Harris
(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: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1945 hour _____ minute 11:20 A.M.

21. I hereby certify that I attended the deceased from 9-10, 1945,
that I last saw him alive on 9-10, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis
several arterial thrombosis
10 yrs

Due to: _____

Due to: _____

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

Major findings:
Of operations: a7

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? _____

23. Signature: W. E. Hill (M. D. or other) 21/45
Address: Harris, Mo. Date signed: 9/11/45

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, only
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

H. Evan Martin

Licensed Embalmer No.

3760

P. O. Address

Quinton 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.