

FILED OCT 19 1945

Registration District No. 360

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural Markata, Ind.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) State Hospital No 3. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 mo. 21 da  
(Specify whether  
In this community Same time  
years, months or days) BELLE

3. (a) PRINT FULL NAME HATTIEN HILL

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Missouri 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased Aug. 2 1867  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 18 If less than one day — hr. — min.

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

10. Usual occupation Housewife

11. Industry or business own home

12. Name William Tankersley

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

14. Maiden name Elizabeth Culler

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

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Sept. 21 '45  
(Month) (Day) (Year)

(c) Place: burial or cremation K. C. MO.

18. (a) Signature of funeral director Geo. H. Long

(b) Address K. C. MO.

19. (a) Sept. 21-45 (Date received local registrar) (b) Kathryn Toney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2630 Lockridge  
(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 20th  
year 1945 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from 9-1-1945 to 9-20-1945, 19 —;  
that I last saw her alive on Sept. 20-1945, 19 —;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration —

Due to —

Due to —

Other condition Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings: Of operations —

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?

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

23. Signature Rob Lester (M. D. or other)

Address Nevada Mo Date signed 9-20-45

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

RECEIVED

9-45-980

10-17-45

Date

# 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

Louis A. Long

Licensed Embalmer No. 3417

P. O. Address. W. E. 7 Km.

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.