

FILED JAN 14 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 387

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In Cafe 4th & Nichols St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME

ROY THOMAS 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 Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Sept 2 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>10</u>	hr. min.

9. Birthplace West of Fulton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Ambrose Hill

13. Birthplace Callaway Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hill (State or foreign country)

15. Birthplace Callaway Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Richard (Dick) Hill

(b) Address 829 Jefferson St Fulton, Mo

17. (a) Burial (b) Date thereof 12-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Hallace Funeral Home

(b) Address Fulton Mo

19. (a) 12-13-1945 (b) Jane M. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14
(c) City or town Fulton
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day December
year 1945 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from 11:00 a.m. to 1:00 p.m. 1945
that he was alive on 12-13-45
and that death occurred on the date and hour stated above.
Duration of illness _____
Immediate cause of death My finding is that

he died of a stroke of the popliteal artery
Due to obscure jaundice
Due to his death by a stroke

Other conditions (Include pregnancy within 3 months of death)
Dead suddenly and

Major findings: He was employed good
located up to his death
Of autopsy no

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) 2
(b) Date of occurrence 12/13/45
(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)
(e) Means of injury 3

23. Signature W. B. Garrett Coroner
(M. D. or other)
Address Fulton Mo Date signed 12/13/45

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 1-12-46

JAN 16 1946

JAN 16 1946

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 Wendell A. Browning

Licensed Embalmer No. 2724

P. O. Address Fullton

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.