

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED JAN 14 1946 STANDARD CERTIFICATE OF DEATH**

41159

State File No. \_\_\_\_\_

Registration District No. I20

Primary Registration District No. 5450

Registrar's No. 105

1. PLACE OF DEATH:  
 (a) County Gentry - Miller Township  
 (b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home of Mr + Mrs Rufus Williams  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community about 4 months

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Kansas (b) County Franklyn  
 (c) City or town Lane  
(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 Emma S. Hills  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. X  
 4. Sex F  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Frank S. Hills (Decd)  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 5 1862  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 8  
 year 1945 hour 9 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from October 11 1945 to Dec 8 1945  
 that I last saw him alive on Dec 8 1945  
 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 8 Days 3  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Decorah Iowa  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Immediate cause of death Cerebral arteriosclerosis  
 Due to Senescent arteriosclerosis  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Joseph Everly  
 13. Birthplace not known \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 14. Maiden name Susian headington  
 15. Birthplace not known \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Mrs Maud Williams  
 (b) Address McFall, Mo  
 17. (a) Removal (b) Date thereof Dec II/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lane Kansas  
 18. (a) Signature of funeral director G. S. Grover  
 (b) Address Pattonburg, Mo  
 19. (a) Dec 11 - 1945 (b) James H. Webster  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 L. W. Black Rock (M. D. or other) \_\_\_\_\_  
 Address Pattonburg, Mo Date signed 12/10/45

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

RECEIVED  
District Health Officer No. 11,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

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 E. S. Bremer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.