

S. No. 2
M-5-43
5-17-39
P I X36671

FILED MAY 9 1946 STANDARD CERTIFICATE OF DEATH

State File No. 12340
Registrar's No. 142

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town POPLAR BLUFF
(c) Name of hospital or institution: POPLAR BLUFF HOSPITAL
(d) Length of stay: In hospital or institution 2 DAYS
In this community 71 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County BUTLER 12
(c) City or town RURAL
(d) Street No. 5 1/2 MI. W. POPLAR BLUFF
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country.

3. (a) PRINT FULL NAME ANNA WOMACK HILL
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APR day 24 year 1946 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from 10:00 AM 21 Apr 1946, to 1:00 AM 24 Apr 1946 that I last saw her alive on 24 Apr 1946 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELICK RICHARD HILL
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased SEPT 17 1872

Immediate cause of death Traumatic shock
Due to Concussion and injuries suffered from falling out of truck
Other conditions

8. AGE: Years 73 Months 7 Days 7 If less than one day

9. Birthplace MOESACK Co ILL

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name WM HENRY WILSON

13. Birthplace TENN

14. Maiden name
15. Birthplace ILL

16. (a) Informant Mrs Mary E Winfield
(b) Address RFD #2 Poplar Bluff Mo

17. (a) BURIAL (b) Date thereof APR 26 1946
(c) Place: burial or cremation BLACK CREEK CEM.

18. (a) Signature of funeral director W J Phelps
(b) Address Poplar Bluff Mo

19. (a) 4/29/46 (b) J H Muntz
(Date received local registrar) (Registrar's signature)

Major findings: Of operations - 1700-8
Of autopsy - 28
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) Accident 128
(b) Date of occurrence 21 Apr 46 at 10:00 AM
(c) Where did injury occur? Poplar Bluff Butler Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway
While at work? no (Specify type of place) (e) Means of injury Truck accident

23. Signature J A Deurickson (M. D. or other) M.D.
Address Poplar Bluff Mo Date signed 24 Apr 46

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

RECEIVED

District Health Office No. 2,

District File Number 546-598

Date Filed 5-8-46

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

N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address

Paplar Bluff, 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.