

FILED APR 17 1946

Registration District No. 156

Primary Registration District No. 2801

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1401 E. 4th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Rex Hill, Jr.

3. (b) If veteran, name war World War II 3. (c) Social Security No. _____
4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced 4
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 22 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 1 11 hr. min.

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

10. Usual occupation Formerly owned & operated Yellow Cab

11. Industry or business _____

12. Name Henry Hill

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

14. Maiden name Flora Morris

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

16. (a) Informant Mr. Henry Hill

(b) Address 1401 E. 4th St.

17. (a) Buried (b) Date thereof 3-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. 4-12-46 (b) Belle Pearson, DR.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1401 East 4th St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 5 1946 to Mar 5 1946
that I last saw him alive on Mar 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Phel. Tuberculosis Duration ?

Due to _____

Due to Cholera mephitica

Other conditions malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 28

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) (e) Means of injury 0

23. Signature Joplin (M. D. or other) _____

Address _____ Date signed 3/7/46

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

46-3-263

APR 18 1946

JAN 10 1957

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.