

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

FILED JUN 10 1946

Registration District No. **42**

Primary Registration District No. **5134**

Registrar's No. **594**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **Rural Washington**
(If outside city or town limits, write "RURAL" and name of township.)
(c) Name of hospital or institution: **1 1/2 Mi. E. of St. Joseph**
1 1/2 Miles East of City on Mitchell Ave. Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **56 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //
(c) City or town **RURAL Washington** //
(If outside city or town limits, write "RURAL")
(d) Street No. **1 1/2 M E of city on Mitchell Ave. Rd.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Mabel Beatrice Hill**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow** 2

6. (b) Name of husband or wife **Charles Hill** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **July 28 1889**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	9	21	hr. min.

9. Birthplace **St. Joseph, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **ath home**

11. Industry or business

12. Name **Charles Kimmel**

13. Birthplace **St. Joseph, Mo.** 0
(City, town, or county) (State or foreign country)

14. Maiden name **Nellie Ernst**

15. Birthplace **St. Joseph, Mo.** 0
(City, town, or county) (State or foreign country)

16. (a) Informant **Byron W. Hill**

(b) Address **St. Joseph, Mo.**

17. (a) **burial** (b) Date thereof **5/21/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Walter K. Hale & Bowman**

(b) Address **St. Joseph, Mo.**

19. (a) **May 23, 1946** (b) **St. Joseph, Mo.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19**
year **1946** hour **11** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Dec. 26**, 19**37** to **May 19**, 19**46**,
that I last saw her alive on **March 2**, 19**46**,
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis general
hypertension**

Due to **Hemiplegia - left** 5-10-43
Hemiplegia - right 5-19-46

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **97**

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) (e) Means of injury

23. Signature **W. L. Leman** (M. D. or other) **W. L. Leman**
Address **St. Joseph, Mo.** Date signed **5-20-46**

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

1552

12275 (revised)

JUN 5 1947

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..... *Elyne Wood*.....
Licensed Embalmer No. *3804*.....
P. O. Address *379 So. 15th St. York, Pa.*.....

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.