

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17866**

FILED JUN 11 1946

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 162

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 yrs. 11 mos. 1 day
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94
(c) City or town Flat River
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1946 hour 11 minute 10 A. M.
21. I hereby certify that I attended the deceased from April 19, 1946 to May 2, 1946
that I last saw him alive on May 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to Lues

Other conditions (Include pregnancy within 3 months of death):
None

Major findings:
Of operations _____
Of autopsy No 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?
in _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature George H. Reeves (M. D. or other)
Address Farmington Mo Date signed 5/22/46

3. (a) PRINT OSCAR C. HILL
FULL NAME

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Autsen 6. (c) Age of husband or wife if alive Age Unk years

7. Birth date of deceased: November 11 1897
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 21
If less than one day
hr. _____ min.

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

10. Usual occupation Pipe Fitter

11. Industry or business _____

12. Name Jason Allen Hill

13. Birthplace Perry County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna J. Maning

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

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 5-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knights Pythias Cem., Farmington, Mo.
(d) Signature of funeral director Miller Funeral Home
(e) Address Farmington, Missouri

19. (a) 5-13-46 (b) Cather Rudloff
(Date received local registrar) (Registrar's signature)

287 (Licensed Embalmer's Statement on Reverse Side)

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

16743

RECEIVED

District Health Officer No. 4

District File Number 646-2248

Date Filed 6-10-46

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 Burl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.