

Registration District No. 206

Primary Registration District No. 5775

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Macon Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Hudson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon  
(c) City or town Macon Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas C. Hill

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 12-14-1855  
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Coal Miner

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Thomas Hill  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Dawson

(b) Address 10 White, Mo

17. (a) Burial (b) Date thereof 5-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Oakwood Burial

18. (a) Signature of funeral director H. S. Edwards

(b) Address 17 E. 1st, Mo

19. (a) May 31-46 (b) Smith McNeely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27  
year 1946 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from May 21, 1946 to May 26, 1946  
that I last saw him alive on May 26, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Apoplexy

Due to Arteriosclerosis

Other conditions Chronic Int. Hepatitis  
(Include presence within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 1316

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 D. E. Reed (M.D. or other) \_\_\_\_\_

Address Bevier, Mo Date signed 5/27/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19803

SEP 27 1946

RECEIVED

District Health Officer No. 10

District File Number 7-46-1306

Date Filed JUL 9 1946

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 H. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.