

V. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26459

State File No. _____

Registrar's No. 282

FILED SEP 6 1946
Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution St. Howard 12
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 43
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson¹⁴

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Geo Hill

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race negro

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased not given
(Month) (Day) (Year)

8. AGE: Years 93 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name SK

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

14. Maiden name _____

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

16. (a) Informant Records

(b) Address _____

17. (a) Removal (b) Date thereof 8/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington St. Louis, Mo

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address 7th & 6th St. Fulton, Mo

19. (a) 8-19-1946 (b) Jovic Morsenkoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1946 hour 9 minute 20 a. a M.

21. I hereby certify that I attended the deceased from 6-6
_____, 1946, to 8-19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocardial
arteriosclerosis

Due to Coronary

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 300B

Of operations _____

Of autopsy _____

Duration _____

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 1

23. Signature K.E. Stover (M. D. or other) _____

Address Fulton, Mo Date signed 8/19/46

38 (Licensed Embalmer's Statement on Reverse Side)

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

14
1
2

25305

RECEIVED
District Health Officer No. 91
District File Number 9-46-41
Date Filed 9-1-46

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 Wenzil C. Browning
Licensed Embalmer No. 2724
P. O. Address Fullon road

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.