

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29680

FILED OCT 4 1946

Registration District No. 43

Primary Registration District No. 3007

State File No. 316

Registrar's No. 316

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida Florence Hill

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James F. Hill 6. (c) Age of husband or wife if alive -- years 7
7. Birth date of deceased Sept 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Webster County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Russell Curry

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

14. Maiden name Marion Baker

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

16. (a) Informant Jessie Hill

(b) Address Parma, Mo.

17. (a) Burial (b) Date thereof 9-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park-Sikeston

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Missouri

19. (a) 9-19-46 (b) R. M. Strickland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard / 03
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. Parma, Mo. (If rural, give location) /
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9
year 1946 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis

Due to Intestinal obstruction

Due to Prison effects

Other conditions (Include pregnancy within 3 months of death) 122B

Major findings: Intestinal obstruction

Of operations _____

Of 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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. M. Strickland (M. D. or other) M.D.

Address 122B Date signed 9-12-46

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

MOTHER FATHER

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 946-1157

Date Filed 9-24-46

OCT 4 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 _____

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.