No. 2
—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 32601

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 137

**1. PLACE OF DEATH:**
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Audrain 4
(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")
(d) Street No. 622 E Railroad 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John W. Hill
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Lillian ~~W. Hill~~ Lutie Hill
6. (c) Age of husband or wife if alive ~~70~~ 52 years
7. Birth date of deceased Oct. (Month) 11 (Day) 1876 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 0 | 27 | hr. min. |

9. Birthplace (City, town, or county) Arkansas (State or foreign country) 1
10. Usual occupation Barber
11. Industry or business Barber & Restaurant
FATHER
12. Name Kizi Hill
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)
16. (a) Informant Wife Lutie Hill
(b) Address 622 E. Railroad st.
17. (a) Elmwood Mexico Mo. (Burial, cremation, or removal) (b) Date thereof Oct. 12 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico Mo.
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Mo
19. (a) 10/12/1946 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 8
year 1946 hour 9 minute A M.
21. I hereby certify that I attended the deceased from Coroners, 19 Case to, 19;
that I last saw h alive on Jury Verdict, 19;
and that death occurred on the date and hour stated above.
Immediate cause of death While driving an Automobile at a high rate of speed in a careless and Reckless manner he being in full charge of the Operation of said Automobile which left the road bed of highway #19 in the City of Wellsville Montgomery County Mo. when the Automobile left the highway it scraped the left side on a telegraph pole then struck a large tree with the front
Duration
Other conditions (Include pregnancy within 3 months of death) 8 17 00 27
Major findings: Of operations Center of said car. The deceased received fatal wounds due to said car striking said tree. the deceased was taken to the Audrain Co. Hospital
PHYSICIAN
Of autopsy
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) Mexico Mo. where he received all possible Medical Aid and where he died some 5 hrs later. 10-8-1946 70
(b) Date of occurrence
(c) Where did injury occur? Wellsville (City or town) Montgomery (County) Co (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #19 (Specify type of place)
While at work? No (e) Means of injury Auto wreck
23. Signature S. C. Adams (M. D. or other) Coroner 3
Address Mexico, Mo. Date signed 10-9-46

9.

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 1946

RECEIVED
District Health Officer No. 10
District File Number 10-46-1905
Date Filed OCT 14 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 Stuart R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia Me

**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.**