

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41220

State File No.

Registration District No.

Primary Registration District No.

5668 4288

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Moscow Mills Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community In This Community
years, months or days 12 yr.

3. (a) PRINT FULL NAME HELEN ALIANA HILL
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tom Hill 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 27 1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Dalton

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

14. Maiden name Kathy Hoyt

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

16. (a) Informant Tora Hill

(b) Address Moscow Mills Mo

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

(c) Place: burial or cremation

18. (a) Signature of funeral director Wayne M. Fay

(b) Address Troy Missouri

19. (a) 12-5-1946 (b) Ms. Emma B. Riddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Moscow Mills Mo
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from May
4 1946 to Dec 30 1946
that I last saw him alive on Dec 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to arterial Hypertension
arteriosclerosis

Other conditions Myocarditis, chronic
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 93D

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?

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

23. Signature H. Harris (M. D. or other)
Address Troy Mo. Date signed Dec 31 1946

MAR 22 1956

MAY 14 1956

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..... *Wayne Mc Boy*.....
Licensed Embalmer No. *3586*.....
P. O. Address..... *Troy 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.