No. 2
—2-43
-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41484

Registration District No. 243 Primary Registration District No. 5831 Registrar's No. 42

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural W. Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 Missouri (b) County Newton
(c) City or town Rural - Fairview
(If outside city or town limits, write "RURAL.")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida Elizabeth Hill

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) ~~Single, widowed,~~ married, ~~divorced~~ Married

6. (b) Name of husband ~~or wife~~ Clovis L Hill
6. (c) Age of husband ~~or wife~~ if alive 44 years

7. Birth date of deceased Oct 2 - 1901
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	2	1	hr. min.

9. Birthplace Rocky Comfort (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ~~F.~~ Marion Stipp
13. Birthplace D.K. (City, town, or county) D.K. (State or foreign country)

MOTHER
14. Maiden name Mattie Hearn
15. Birthplace D.K. (City, town, or county) D.K. (State or foreign country)

16. (a) Informant Clovis L Hill
(b) Address Fairview Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 4 46 (Month) (Day) (Year)
(c) Place: burial or cremation Rocky Comfort cemetery

18. (a) Signature of funeral director Wheaton Funeral Home
(b) Address Wheaton Mo.

19. (a) 12-21-46 (Date received local registrar) (b) Alpha Dyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1946 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Nov 1 1944 to Dec 3 1946
that I last saw her alive on Nov 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast with metastasis to lung and [illegible]

Due to

Due to

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations Treated with deep therapy at Columbia Mo, Jan 1945
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Melvin C. Bowman (M. D. or other) M.D.
Address Neosho, Mo Date signed Dec 6-46

369 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. [illegible]

District File Number 1246-184

Date Filed 12-28-46

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 G. E. Cutler

Licensed Embalmer No. 3584

P. O. Address Cassville 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.