

FILED JAN 24 1947

Registration District No. 188

Primary Registration District No. 5423

1. PLACE OF DEATH:

(a) County Quinn
(b) City or town Cardwell, Rural
(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 years, months or days)

3. (a) PRINT
FULL NAME

UN-NAMED HILL

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Male

5. Color or
race White

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

6. (b) Name of husband or wife.

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

7. Birth date of deceased Dec.
(Month)

12 1946
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

0

0

0

12 hr. min.

9. Birthplace

Cardwell, Mo.
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

E. D. Hill

13. Birthplace

Quinn Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name

Lillie Currey

15. Birthplace

Oyersburg, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant

E. D. Hill

(b) Address

Cardwell, Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

12/8/46
(Month) (Day) (Year)

(c) Place: burial or cremation

McGraw Cemetery, Mo.

18. (a) Signature of funeral director

W. H. G. Co.

(b) Address

Leachville, Ark.

19. (a)

11/11/47
(Date received local registrar)

(b)

Mrs. J. N. Lanier
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Quinn
(c) City or town Cardwell
(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 7
year 1946 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from December 7, 1946, to December 7, 1946;
that I last saw him alive on December 7, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia and a few hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

23. Signature Robert L. Martin (M. D. or other)
Address Senath, Missouri Date signed 12-11-46

RECEIVED

District Health Office No. 2,

District File Number 147-114

Date Filed 1-20-47

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 W. W. Howard

Licensed Embalmer No. 3959

P. O. Address Leachman, Ark.

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.