

FILED FEB 25 1947

Registration District No. 310Primary Registration District No. 3058Registrar's No. 25

## 1. PLACE OF DEATH:

(a) County ST. CHARLES  
 (b) City or town "  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Joseph's Hosp. of  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1/2 hour  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME MARION ESTLE HILL

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

4. Sex MALE 5. Color or race W 6. (a) Single (Single, widowed, married, divorced) SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased FEB. 23 1934  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
12 11 26 hr. min.9. Birthplace FOLEY Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation STUDENT IN11. Industry or business GRAMMAR SCHOOL12. Name EDWARD A. HILL13. Birthplace Montgomery County, Mo.  
(City, town, or county) (State or foreign country)14. Maiden name CLYDE JUNE PRESLEY15. Birthplace FOLEY Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant Edward A. Hill(b) Address FOLEY, MO17. (a) BURIAL (b) Date thereof 2-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation STAR HOPE CEMETERY18. (a) Signature of funeral director Winfred L. Moore(b) Address Winfred L. Moore19. (a) 2-19-47 (b) Therese Summitt  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Lincoln  
 (c) City or town FOLEY  
 (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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th  
year 1947 hour 12:40 minute \_\_\_\_\_ P. M.21. I hereby certify that I have ~~examined~~ examined the body and held inquest Feb. 19th, 1947, 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 \_\_\_\_\_  
gun shot wound

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy YES

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 57(b) Date of occurrence Feb. 18, 1947(c) Where did injury occur? Foley, Lincoln Mo.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
homeWhile at work? NO (Specify type of place) gun  
(e) Manner of injury shot 323. Signature Marion Estle Hill (M. D. or other)Address Winfred L. Moore Date signed 2-19-47

RECEIVED  
District Health Officer No. 9,  
District File Number  
Case Filed 2-25-47

**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.....

Herbert C. Dallmeyer....., Registered Apprentice No. 429  
working under my personal supervision.

Signed Joseph F. Landolt  
Licensed Embalmer No. 418-91

P. O. Address.....

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. March  
Registrar's No. 25

Registration District No. 310 Primary Registration District No. 3058

1. PLACE OF DEATH:  
(a) County St Charles  
(b) City or town St Charles  
(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 Marion E. Hill  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased July 23 1923  
(Month) (Day) (Year)

8. AGE: Years 12 Months 4 Days 10 If less than one day..... hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name..... (City, town, or county) (State or foreign country)

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

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) Feb 19-47 (b) Frank Hamel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... (b) County.....  
(c) City or town..... (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..... Day.....  
year 1947 hour..... minute..... M.  
21. I hereby certify that I attended the deceased from..... 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.....

Due to.....  
Due to.....  
Other conditions..... (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

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?  
While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature..... (M. D. or other)  
Date signed.....

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

SUPPLEMENTARY

S-5879