

S. No. 2
-12-45
-5-17-39
PI X47070

FILED APR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7856
Registrar's No. 101

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution sixty-four days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Competition, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. R 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hilton, William Henry

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 M
6. (b) Name of husband or wife Pearl Hilton
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased 2 28 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 1 2 hr. 0 min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Martin Hilton
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Holman
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Hilton
(b) Address R 1 Competition, Mo.

17. (a) Removal (b) Date thereof Mar 31 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sebanon Mo

18. (a) Signature of funeral director P. A. Palmer
(b) Address Sebanon Mo

19. (a) 3-30-47 (b) Mrs R. E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 29
year 1947 hour 11:20 minute _____ P.M.

21. I hereby certify that I attended the deceased from July 29, 1946, to March 29, 1947,
that I last saw him alive on March 29, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Branchopneumonia and hemorrhage Duration 1 wk.

Due to Lymphosarcoma 15 mo.

Due to _____

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

Major findings: Of operations 155E

Of autopsy Lymphosarcoma; Branchopneumonia

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 0

23. Signature P. M. Wiley (M. D. certifier)
Address Columbia, Mo. Date signed 3-30-47

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

53
0
1

APR 18 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
APR 10 1947

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.....

Licensed Embalmer No.....

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.