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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 26 1947**  
Registration District No. 137

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
Registrar's No. 68

Primary Registration District No. 3023

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Clinton mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wetzel Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days) 60 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Henry  
(c) City or town Clinton mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 612 Rozen ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Paul A 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 M  
6. (b) Name of husband or wife Mary Frances Hill 6. (c) Age of husband or wife if alive 18 7/7 years  
7. Birth date of deceased April 8 1877  
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Paper Hanger

11. Industry or business \_\_\_\_\_

12. Name Wm B Hill

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

14. Maiden name Caroline Patton

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

16. (a) Informant Mrs Paul Hill

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 3-23-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Charles Peak

(b) Address Clinton mo

19. (a) 3-22-47 (b) H. B. Kemm  
(Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1947 hour 2:00 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from 3-16-47  
to 3-21-47, 19\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on 3-20-47, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration \_\_\_\_\_

Due to Senility

Due to Arteriosclerosis

Due to Hypertension

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy g3A

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 fall

23. Signature Paul Wetzel (M. D. or other) \_\_\_\_\_

Address 105 E. Olive Clinton mo Date signed 3-22-47

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RECEIVED  
District Health Officer No. 7,  
District File Number 8-47-316  
Date Filed 3-25-47

JUN 9 1958

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 J. E. Consolem  
Licensed Embalmer No. 1891  
P. O. Address Christy St

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.