

Registration District No. **326** Primary Registration District No. **6102**

1. PLACE OF DEATH:  
 (a) County Scott  
 (b) City or town Pratt  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 3  
 (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 Charles V. Hill  
 3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov 9 1884  
 (Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ophees, Langley, MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Operator of Filling Station

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

MOTHER { 12. Name Orlean Hill  
 13. Birthplace Not known 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ann Smith  
 15. Birthplace Not known 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Wally Hill  
 (b) Address 303 N. 5th

17. (a) Removal (b) Date thereof Mar 26  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Wally Hill  
 (b) Address Memphis

19. (a) Apr. 22-47 (b) Mrs. E. C. Daniels  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Jesse 999  
 (c) City or town Pratt 13  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 303 N. 5th  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 3 day 21  
 year 1947 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 Truck went through bridge railing into water, out of truck  
 Due to immersed into water  
drowned, no injury

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

Major findings: Of operations no  
 Of autopsy no

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)  
 Means of injury corner

23. Signature Wally Hill (M. D. or other)  
 Address Memphis, Mo Date signed 3/24/47

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

9  
000

MOTHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 1 1947

MAY 1 1947

MAY 9 1947

RECEIVED  
District Health Officer No. 10  
District File Number 4-47-723  
Date Filed APR 25 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..... *Fred Smith* .....

Licensed Embalmer No..... *4258* .....

P. O. Address..... *Memphis* .....

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.