

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1947

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17124
Registrar's No. 420

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Baptist
Springfield Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One day
(Specify whether
In this community 30 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2027 North Missouri St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George O. Hill

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491 - 03

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Wife is deceased
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 10 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>7</u>	<u>17</u>	hr. min.

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

10. Usual occupation Retired printer

11. Industry or business _____

12. Name Bill Hill

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

14. Maiden name Unknown

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

16. (a) Informant Gladys Highfield

(b) Address 1459 West Hovey St.

17. (a) Greenlawn (b) Date thereof May 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Boonville St.

19. (a) 5-9-47 (b) W E Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
5982 year 1947 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from 4-21, 1947, to 5-7-47, 1947, that I last saw him alive on 5-7-47, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (bronchop) 7 days
Due to Influenza 6 wks

Due to _____

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

Major findings: Of operations 538

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) (c) Means of injury 0 ✓

23. Signature [Signature] (M. D. or other) _____

Address Springfield, Mo. Date signed 5-8-47

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

MOTHER FATHER

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 C. Thame

Licensed Embalmer No. 2899

P. O. Address Springfield, Mo.

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.