

Registration District No. **170**

Primary Registration District No. **5636**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Morgan Washington Imp.
(If outside city or town limits, write "RURAL" and name of township)
(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 51 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede **53**
(c) City or town Rural **0**
(If outside city or town limits, write "RURAL")
(d) Street No. Morgan Washington Imp. **0**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella Hilton

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

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mac Hilton
6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased June 21 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 1
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name George Wolfe
13. Birthplace Ill. (State or foreign country)
14. Maiden name Mary Godfrey
15. Birthplace Ill. (State or foreign country)

16. (a) Informant Joe Hilton
(b) Address Lebanon, Mo

17. (a) Burial (b) Date thereof 7 24 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deer Thicket

18. (a) Signature of funeral director Palms
(b) Address Lebanon, Mo

19. (a) 7-26-1947 (b) One Frankenberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1947 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 7-17, 1947 to 7-22, 1947
that I last saw him alive on 7-22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

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 injury) (e) Means of injury _____

23. Signature J. P. Lindsey (M. D. or other) M.D.
Address Canaway Date signed 7-23-47

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

Received 7/30/47
Laclede County Health Unit
File No. 7-47-123
Date Filed 7/30/47

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed S. P. Palmer
Licensed Embalmer No. 2208
P. O. Address Leflore 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.