

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25226**
Registrar's No. **250**

FILED JUL 30 1947

Registration District No. **316**

Primary Registration District No. **6075**

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 94

(c) City or town Dudley 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME DANIEL RICHARD HILL

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1947 hour 9 minute 20 P. M.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Cox (3rd wife)

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased: October 26, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 28, 1947 19____ to July 1, 1947 19____
that I last saw him alive on July 1, 1947
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>74</u> | <u>8</u> | <u>5</u> | hr. _____ min. _____ |

Immediate cause of death: Cerebral hemorrhage 3 das.

Due to Cerebral arteriosclerosis 10 yrs.

9. Birthplace: Stoddard County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Other conditions: Psychosis with cerebral arteriosclerosis 3 mos.
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name William Hill

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

14. Maiden name Unknown

15. Birthplace Georgia (3)
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy No autopsy. 550 P

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) - Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 7-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sadler's Chapel Cem., Dexter, Missouri

18. (a) Signature of funeral director Watkins' Funeral Home

(b) Address Dexter, Missouri

19. (a) 7-25-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

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? 0

(Specify type of place) _____ (c) Means of injury _____

23. Signature J. A. Bolman M.D. D. O. _____
Address St. Louis, Mo Date signed 7/2/47

RECEIVED

District Health Officer No. 4

District File Number 747-988

Date Filed 7-29-47

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

working under my personal supervision.

Signed

Licensed Embalmer No. 4084

P. O. Address Farmington

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.