S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28534

Registration District No. 26 — Primary Registration District No. 3049 — Registrar's No. 36

78 2 1

1. PLACE OF DEATH:
(a) County: Gemiscot
(b) City or town: Hayti (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 ..... In this community: 46 Years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME: Sherman Grant 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: Married
6. (b) Name of husband or wife: Dorothy Hill
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: July 4th 1887 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	0	17	hr. ..... min.

9. Birthplace: Harrisburg Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: ~~Silas Hill~~
FATHER
12. Name: Silas Hill
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Barbara Susan Sherfield
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Dorothy Hill
(b) Address: Hayti, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Hayti, Mo E. Woodlawn
18. (a) Signature of funeral director: Walhalla Funeral Home
(b) Address: Hayti, Mo Box 424
19. (a) 8-12-47 (Date received local registrar) (b) John W. Berman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 47 hour 11 minute 05 A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart attack due to high blood pressure

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death): No

Major findings: Of operations: No

Of autopsy: No

Duration

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)
While at work? No (e) Means of injury: No

23. Signature: Jack Kelly (M.D. or other)
Address: Hayti, Mo Date signed: 7-21-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

8-47-235

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 John W. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo. Box 434

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.