S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30202

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 303-S-MAIN St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1

(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")

(d) Street No. 303-S-Main St. 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Robert Newell Hill

3. (b) If veteran, name war W.W II

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Melisa Ann Hill

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased August (Month) 24 (Day) 1909 (Year)

8. AGE: Years 38 | Months 1 | Days 0 | If less than one day hr. min.

9. Birthplace Kirksville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business

FATHER
12. Name Gordon Hill 0
13. Birthplace Kirksville (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Bertha O. Maltby
15. Birthplace Huthinson (City, town, or county) KANSAS (State or foreign country)

16. (a) Informant Melisa Ann Hill

(b) Address 303-S-Main St. Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-47 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Sabath Home

18. (a) Signature of funeral director Summers & Powell

(b) Address 115-W-Jefferson St. Kirksville, Mo.

19. (a) Oct 2 1947 (Date received local registrar) (b) Kate Lambert (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24, year 1947 hour 4:00 minute PM.

21. I hereby certify that I attended the deceased from Sept. 24, 1947, to , 19 ; that I last saw him alive on Sept. 24, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Coronary Sclerosis + Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94K

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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature J V Hatzler (~~M.D.~~ or other) D.O.

Address K.C.O.S. Kirksville, Mo. Date signed 10-1-47

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1950

RECEIVED
District Health Officer No. 10
District File Number 10:47:1347
Date Filed OCT - 6 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 James J. Taylor, Registered Apprentice No. 436, working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Trenton, 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.