

S. No. 2  
1-1/47  
5-17-39

331594

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 18 1947  
Registration District No. 756

Primary Registration District No. 2001

Registrar's No. ....

1. PLACE OF DEATH:

(a) County... Jasper

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

(c) Name of hospital or institution: Plunkett Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years  
(Specify whether)

In this community 33 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JASPER 49

(c) City or town Joplin  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 2111 Sergeant Ave 5  
(If rural, give location) 0

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

If yes, name country.....

3. (a) PRINT FULL NAME Myrtle Hillhouse

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

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17  
year 1947 hour 6 minute 2 M.

21. I hereby certify that I attended the deceased from 7 1947 to Aug 7 1947  
that I last saw h. ET alive on Aug 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 2 uls  
arterial hypertension

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife W.M. Hillhouse deceased 1942 6. (c) Age of husband or wife if alive 1942 years

7. Birth date of deceased: March 4 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

|    |   |    |          |
|----|---|----|----------|
| 67 | 5 | 13 | hr. min. |
|----|---|----|----------|

9. Birthplace Granby Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business housewife

12. Name Charles Johnson 9

13. Birthplace dont know 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah L. Ackey 11  
dont know

15. Birthplace dont know 1  
(City, town, or county) (State or foreign country)

16. (a) Informant L.C. Hillhouse  
(b) Address 1724 Wall St

17. (a) Burial (b) Date thereof Aug 19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Thornhill-Dillon Mort  
(b) Address Joplin, Missouri

19. (a) 8-18-47 (b) Dolores Lamplin 11  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy.....

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.....

23. Signature O.T. Blanke (M. D. or other) 111  
Address Joplin, Mo Date signed 8-18-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

Dr O.T. Blanke  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

H 2-8-727

SEP 20 1937

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.