

FILED NOV 20 1947 3
Registration District No.

Primary Registration District No. 4185

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town St. Clair
(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 1 year, — month, — day. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hattie Hartman

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female 5. Color or race W

6. (a) Name of husband or wife Frank 6. (b) Age of husband or wife if alive 20 years

7. Birth date of deceased 9-14-1887
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Mill Creek Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Wesley Hillman

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

14. Maiden name Hattie Hillman

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

16. (a) Informant Hazel Hartman

(b) Address St. Clair Mo

17. (a) Female (b) Date thereof 11-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Fellows Cemetery

18. (a) Signature of funeral director W. E. Tubbell

(b) Address St. Clair Mo

19. (a) 10-30-47 (b) E. D. Worthington
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town St. Clair
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 1947 hour 10 minute P.M. M.

21. I hereby certify that I attended the deceased from 2-14-44 to 10-29-47
that I last saw her alive on 10-29-47
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to —

Due to Vascular Hypertension

Other conditions —
(Include pregnancy within 3 months of death)

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? —

While at work? (Specify type of place) (e) Means of injury —

23. Signature W. E. Tubbell (M. D. or other) —

Address St. Clair - Mo Date signed 11-1-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 17 1947

DEC 21 1948

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.....

C. Jesse Kahr....., Registered Apprentice No. *433*
working under my personal supervision.

Signed *Sherrill W. Kitchell*
Licensed Embalmer No. *3873*
P. O. Address *St. Clair, 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.