

Registration District No. 272 Primary Registration District No. 4403 Registrar's No.

1. PLACE OF DEATH:  
(a) County Pemiscot  
(b) City or town Steele  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pemiscot  
(c) City or town Holland rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME John D Hill  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 11 year 1947 hour 9 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Nov 11 1947 to Nov 11 1947  
that I last saw him alive on Nov 11 1947  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Col  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)  
7. Birth date of deceased: May 8 1944 (Month) (Day) (Year)

Immediate cause of death Spontaneous Duration \_\_\_\_\_

8. AGE: Years 3 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Pemiscot Co Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Child

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name George Hill  
13. Birthplace Lintonville Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Keller Robinson  
15. Birthplace Miss (City, town, or county) (State or foreign country)  
16. (a) Informant George Hill  
(b) Address Steele Mo Rt 1 Box 194A  
17. (a) Burial (b) Date thereof 11-13-47 (Month) (Day) (Year)  
(c) Place: burial or cremation Steele  
18. (a) Signature of funeral director J. D. Berman  
(b) Address Steele  
19. (a) 12-8-47 (Date received local registrar) (b) S. D. Robinson (Registrar's signature) 119

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. England (M. D. or other) MD  
Address Steele Date signed 12/4/47

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

12-47-328

DEC 10 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *John W. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.**