

S. No. 2
M-1/47
7. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40645

FILED DEC 3 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 3075

Registrar's No. 96

1. PLACE OF DEATH:

(a) County... Stoddard

(b) City or town... Dexter, Mo.
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Stoddard, 103

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

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

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

3. (a) PRINT FULL NAME William Henry Hillman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced "idower"

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased... August 16 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	3	4	hr. _____ min. _____

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

10. Usual occupation: Handle Grader

11. Industry or business: Manfg.

12. Name: William Henry Hillman

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

14. Maiden name: Mary Eve Kramer

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

16. (a) Informant: Mary Nash

(b) Address: Dexter Mo.

17. (a) Burial (b) Date thereof: 11 22 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bloomfield, Mo.

18. (a) Signature of funeral director: Watkins Funeral Ser.

(b) Address: Dexter, Mo.

19. (a) 11/26-47 (b) Margaret Purdy
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day Nov. year 1947 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from 20 Nov 47 to 20 Nov 47 that I last saw him alive on 20 Nov 47 and that death occurred on the date and hour stated above.

Immediate cause of death: General infirmities of age

Due to _____

Due to _____

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsies _____

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: J L Waddell (M. D. or other) _____

Address: Dexter Mo Date signed: 25 Nov 47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

03

3

1

MOTHER FATHER

11/26-47

RECEIVED
District Health Office No. 2,
District File Number 1242-1523
Date Filed 12-1-42

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.....

Lyman Steele
.....
Licensed Embalmer No. 2476

P. O. Address.....

Dexter, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Jan 96

Registration District No.

341

Primary Registration District No.

3075

Registrar's No.

96

1. PLACE OF DEATH:

(a) County *Stoddard*
(b) City or town *exter*
(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. (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME

Wm H. Hillman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex *m*

5. Color or race *w*

6. (a) Single, widowed, married, divorced *wid*

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased

Aug 16 1902
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

78

3

Mo

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

11/26-47
(Date received local registrar)

(b)

Margaret Pruitt
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Jan* year *1947* hour *2* minute *00* M.

21. I hereby certify that I attended the deceased from *12* to *2* that I last saw him *alive* on *12/26/47* and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

40045