S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41008

FILED DEC 31 1947

Registration District No. 4473 Primary Registration District No. 3007 Registrar's No. 430

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler 12
(c) City or town: Williamsville, ~~Poplar Bluff~~, Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Mary Roberta Hillis
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Fem 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. 11, 1947 (Month) (Day) (Year)

8. AGE: Years —; Months 3; Days 5; If less than one day: hr. min.

9. Birthplace: Williamsville, Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name: Eddie Hillis 0
13. Birthplace: Williamsville, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Irene Ward
15. Birthplace: Williamsville, Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Eddie Hillis
(b) Address: Williamsville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Williamsville, Mo
18. (a) Signature of funeral director: Frank Cotrell
(b) Address: Poplar Bluff Mo.
19. (a) 12/20/47 (Date received local registrar) (b) R D Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1947 hour 12:30 minutes A. M.
21. I hereby certify that I attended the deceased from Dec 13, 1947, to Dec 16, 1947; that I last saw her alive on Dec 16, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Lobar pneumonia	5 days
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy:

PHYSICIAN — Underline the cause of 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 0

23. Signature: [illegible] (M. D.)
Address: Poplar Bluff Mo Date signed 12-12-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1247-1649
Date Filed 12-29-47

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 John M. Davies, Registered Apprentice No. 487, working under my personal supervision.

Signed Chauncey W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.