No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 30 1947
Registration District No. 2723

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5795

State File No. 42403

Registrar's No. 20

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Rural - Pilot Grove
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau
(c) City or town Rural
(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 Ida May Hill
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife S R Hill
6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August (Month) 15 (Day) 1872 (Year)

8. AGE: Years 75 | Months 3 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Moniteau Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jno. R. Pennington
13. Birthplace Kentucky / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Wells
15. Birthplace Texas Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant S. R. Hill
(b) Address California Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation Flag Spring Cem.

18. (a) Signature of funeral director Williams Funeral Home
(b) Address California Mo.

19. (a) 12/20/47 (Date received local registrar) (b) Fredrick Thos P Young (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1947 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 28 1947 to Dec 11 1947
that I last saw her alive on Dec 11 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature [illegible] (M. D. or other)
Address California Date signed 12/12/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. W E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California Ave

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.