No. 2
1—1/47
5-17-397

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43950

FILED DEC 31 1947

Registration District No. ..... Primary Registration District No. 3075 Registrar's No. 96

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Dexter
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Dexter
(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: Widower
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 78 Months 3 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace: Elgin, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Handle Grader
11. Industry or business: Manfg.
FATHER
12. Name: William Henry Hillman
13. Birthplace: Frankfort, Germany (City, town, or county) (State or foreign country)
MOTHER
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, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bloomfield, Missouri
18. (a) Signature of funeral director: Walkins Funeral Home
(b) Address: Dexter Mo
19. (a) 11-26-47 (Date received by local registrar) (b) Margaret Pruitt (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from November 20, 1947 to November 20, 1947; that I last saw him alive on November 20, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General infirmities of age	
Due to:	
Due to:	
Other conditions: Arterioscleorsis (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: J. L. Waddle (M. D. or other) MD
Address ..... Date signed .....

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
Date Filed

RECEIVED
District Health Office No. 2
District File Number 1247-152
Date Filed 12-1-47

40645

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.