No. 2
-12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1681

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 156

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Marceline (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 weeks (Specify whether years, months or days) In this community: 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Linn 58
(c) City or town: Marceline (If outside city or town limits, write "RURAL") 2
(d) Street No.: 108 W. Chicago (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: James Thomas Hier
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: widowed
6. (b) Name of husband or wife: Belle Ayers Hier
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December-4-1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	2	2	hr. min.

9. Birthplace: Erie (City, town, or county) Colorado (State or foreign country)
10. Usual occupation: Retired Groceryman
11. Industry or business:
12. Name (Father): James T Hier
13. Birthplace (Father): Wales (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Ann Evans
15. Birthplace (Mother): Wales (City, town, or county) (State or foreign country)
16. (a) Informant: Harry Foster
(b) Address: Marceline Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet
18. (a) Signature of funeral director: James McLaughlin
(b) Address: Marceline Mo
19. (a) Feb 6 '48 (Date received local registrar) (b) Mary Jane Owen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 6 year: 1948 hour: 9 minute: 05 A.M.
21. I hereby certify that I attended the deceased from Jan 14, 1948, to Feb. 6, 1948 that I last saw him alive on Feb. 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Congestion	2 days
Due to: Uremia	2 wks
Due to: Multiple emboli with infarcts	3 wks.
Other conditions (Include pregnancy within 3 months of death): Accident in Dec. '47	

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): 0
(b) Date of occurrence: 58
(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: Philip A. Ottman (M. D. or other) M.D.
Address: Marceline, Mo. Date signed: Feb 9, '48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Blanche M Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—3-45
P I-X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7-6

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 15-6

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline
(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 (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

3. (a) PRINT FULL NAME James F Hier

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 Mar'd

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased Dec (Month) (Day) (Year)

8. AGE: Years 72 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec Day 16 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to auto accident - Pt struck while crossing street Dec. 18.

Other conditions Contusion left hip.
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S - 1681