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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2088

FILED JAN 29 1948

Registration District No. 194 Primary Registration District No. 305-6 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 210 Brinkhoff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL") 3
(d) Street No. 210 Brinkhoff 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK LAWSON HILL
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada Hill
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May - 14 - 1882 (Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 3 If less than one day ... hr. ... min.

9. Birthplace Sturgeon Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business
MOTHER FATHER
12. Name Andrew Jackson Hill
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Henrietta Hill
15. Birthplace Boone Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ada Hill
(b) Address 210 Brinkhoff Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan - 19 - 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Wellsville Mo.
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo.
19. (a) Jan 19-48 (Date received local registrar) (b) Leah Williams Lane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1948 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 14, 1948, to Jan 17, 1948 that I last saw him alive on Jan 17, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	12 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations N.A.	
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 C. C. Smith (M. D. or other)
Address Moberly, Mo Date signed 1/19/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-48-161
JAN 27 1948
Date Filed

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 R. M. Cates

Licensed Embalmer No. 4117

P. O. Address Moberly 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.