

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAR 5 1948

Registration District No. **226**

Primary Registration District No. **6128**

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

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Eminence, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 12 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon / 0 /

(c) City or town Eminence, Mo / 0 /
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William T. Hilton

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Nannie Hilton 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased Feb. 15th 1961
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>86</u>	<u>11</u>	<u>26</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th year 1948 hour 8 minute p M.

21. I hereby certify that I attended the deceased from 1 - 12 - 1948 to 2 - 11 - 1948; that I last saw him alive on 2 - 12 - 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Mountain Cerebro

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 947

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name T. N. Hilton

{ 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Not Known

{ 15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Delcia Prewett

(b) Address Eminence, Mo

17. (a) Dry Valley (b) Date thereof 2/14 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Valley Cem

18. (a) Signature of funeral director Walter F. Home

(b) Address Mountain View, Mo

19. (a) 2-12-48 (b) Walter F. Home
(Date received local registrar) (Registrar's signature)

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 Frank Hyde (M. D. or other)

Address Eminence, Mo Date signed 2-15-48

R
D
District
Date Filed

No. 5,
3-4-48
3-4-48

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 John J. Deaneau
Licensed Embalmer No. 2576
P. O. Address W. H. Viewers, 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.