

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7845
State File No. _____
Registrar's No. 78

Registration District No. 38

Primary Registration District No. 5/26

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

3. (a) PRINT FULL NAME

Hayward W Hill

3. (b) If veteran,

name war X X

3. (c) Social Security

No. _____

4. Sex

m

5. Color or

race w

6. (a) Single, widowed, married,

divorced Single

6. (b) Name of husband or wife

Single

6. (c) Age of husband or wife if

alive 1 years

7. Birth date of deceased

(Month)

(Day)

(Year)

Oct 15

1865

8. AGE:

Years

Months

Days

If less than one day

82

5

3

hr.

min.

9. Birthplace

Boone Co Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

Carpenter (Retired)

11. Industry or business

MOTHER FATHER {

12. Name

W. M. W. Hill

13. Birthplace

DK

DK 9

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

DK

DK 9

(City, town, or county)

(State or foreign country)

16. (a) Informant

Charles Stewarts

(b) Address

1608 University Columbia Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Mar 19 48

(Month) (Day) (Year)

(c) Place: burial or cremation

Memorial Park Cem

18. (a) Signature of funeral director

R. O. Wilcox

(b) Address

Columbia Mo

19. (a) 3-18-48

(Date received local registrar)

(b)

Mrs R. E. Palmer

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1948 hour _____ minute P 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 _____

Asphyxiation

Due to _____

Due to Fire

Other conditions - _____ (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) Accident 10

(b) Date of occurrence Mar 17-48

(c) Where did injury occur? Boone Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home

While at work? _____ (Specify type of place) (e) Means of injury

23. Signature Stewart Caron 3

Address Columbia Mo Date signed 3/19/48

RECEIVED
District Health Officer No. 9,
District File Number
MAR 26 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, ~~only~~
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lyman H. Sprinkle
Licensed Embalmer No. 4013
P. O. Address Columbia, 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.