

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

FEDERAL SURVEY AGENCY
National Office of Vital Statistics
FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7956

State File No. _____

Registration District No. 42

Primary Registration District No. 51340

Registrar's No. 341

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. #1 St. Joseph, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: 26 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Crook Hill

3. (b) If veteran, name war Not 3. (c) Social Security No. Not

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah V. Hill 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased October 6 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Washington County Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business Common Labor

12. Name McIntosh Hill
13. Birthplace Unknown West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Lavania Johnson
15. Birthplace Unknown Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Lester G. Hill
(b) Address 1612 Francis St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 18, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 3-22-48 (b) L. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R. #1 St. Joseph, Mo. (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 15th
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Apr 3 1948 to Mar 15 1948
that I last saw him alive on March 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 1 yr
Heart Disease

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 73 D
Of operations _____
Of autopsy none

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 Harold J. Brunen (M. D. or other) _____
Address St. Joseph, Mo. Date signed 3-16-48

(Licensed Embalmer's Statement on Reverse Side)

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.....*Albert E. Harrington*.....
Licensed Embalmer No.....*3,258*.....*Missouri*.....
P. O. Address.....*St. Joseph, 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.