V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8525

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 15

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

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette, Mo.
(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
In this community 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Fayette, Rural
(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 Mary Drew Hill
3. (b) If veteran, name war ----- 3. (c) Social Security No. -----
4. Sex Female 3 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Hill 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Aug (Month) 22 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	6	22	hr. min.

9. Birthplace Cooper County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Work
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)
16. (a) Informant John Hill
(b) Address R. R. Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette City Cem.
18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Mo.
19. (a) 3-20-1948 (Date received local registrar) (b) Dorothy Jen Sohn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14
year 1948 hour 1:30 minute A. M.
21. I hereby certify that I attended the deceased from Sept. 1 1948 to 3-14 1948
that I last saw him alive on 3-14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Cancer of Liver
Due to Primary (Cervix)
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration 6 Mo

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

48A

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 [signature] (M.D. or other)
Address Fayette Mo. Date signed 3-20-48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-24-48

APR 10 1958

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 Lloyd O. Jaspering, Registered Apprentice No. 461, working under my personal supervision.

Signed Ralph A Case

Licensed Embalmer No. 3340

P. O. Address Grayville Ill.

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.