No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1948

Registration District No. ____

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11571

Primary Registration District No. 1000

Registrar's No. 419

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital #2. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Institution (Specify whether years, months or days)

In this community 15 yrs. 9 mo. 3 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2103 ~~Hoyt~~ Street 7
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 2

If yes, name country ____

3. (a) PRINT FULL NAME CHLOE IRENE HILL.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased March (Month) 17 (Day) - 1910 (Year)

8. AGE: Years 38 Months 0 Days 26 If less than one day ____ hr. ____ min.

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

10. Usual occupation None.

11. Industry or business ____

FATHER
12. Name No Facts George C. Hill
13. Birthplace No Facts Washington Co., Iowa
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Facts Viola Petty
15. Birthplace No Facts Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address State Hospital #2. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 14, 1948 (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) 4-13-48 (Date received local registrar) (b) G. L. Jenkins (Registrar's signature) 207

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 - year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 12, 1948, to April 12 - 1948, that I last saw her alive on April 12, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Status Epilepticus	3 hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 8
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) ____

(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 George M. Bateler (M. D. ~~or other~~)

Address St. Joseph Mo. Date signed 4/12/48

(Licensed Embalmer's Statement on Reverse Side)

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

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 R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.