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7-39  
X36671

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

FILED JUN 22 1948

Registration District No. 3655

Primary Registration District No. 6238

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Rural Belgrade  
(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 11 Months  
years, months or days

3. (a) PRINT FULL NAME

George W. Hill

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie Hill 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Dec-8-1863  
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Texas Co. Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Hill 13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Martin 15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mellie Ray  
(b) Address Belgrade Mo  
17. (a) Removal (b) Date thereof 5-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Rock Springs Can Mo  
(b) Address Belgrade Mo  
19. (a) 6-17-48 (b) Edna S. White  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 3 1/2 Mi S. of Maple Mo (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1948 hour 11 minute 50 A.  
21. I hereby certify that I attended the deceased from May 22 1948, to May 27 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure

Due to Hypertension and Angina

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 102

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Edward W. Lee (M. D. or other) D.O.  
Address Paris, Mo Date signed 6/9/48

RECEIVED

District Health Officer No. 4

District File Number 648-783

Date Filed 6-21-48

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 Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Lehigh

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.