

FILED AUG 14 1948
Registration District No. **44**Primary Registration District No. **4062**

1. PLACE OF DEATH:

(a) County **Caldwell**
(b) City or town **Cowgill**
(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 _____ years, months or days3. (a) PRINT FULL NAME **Isaac Luke Hill**3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**4. Sex **m** 0 5. Color or race **w** 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 1 1867.3**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
81 4 25 hr. min.9. Birthplace **Ray County Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Retired**

11. Industry or business _____

12. Name **Thomas Hill**13. Birthplace **Tenn**
(City, town, or county) (State or foreign country)14. Maiden name **Martha Hale**15. Birthplace **Unknown Tenn**
(City, town, or county) (State or foreign country)16. (a) Informant **Mrs. Berry Diddle**(b) Address **Cowgill, Missouri.**17. (a) **burial** (b) Date thereof **7 28 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Cowgill Cemetery**18. (a) Signature of funeral director **Cramer Clark**(b) Address **Kingston, Missouri.**19. (a) **8-7-48** (b) **Mrs. Nell B. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Caldwell** **13**
(c) City or town **Cowgill** **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) **✓**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26**
year **1948** hour **110** minute **30 P.** M.21. I hereby certify that I attended the deceased from **June 1** 19**48** to **July 26** 19**48**
that I last saw him alive on **July 26** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of Prostate

Due to _____

Due to _____

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) _____

(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 **O. Kilbourn** (M. D. certificate) **0**Address **Cowgill, Mo.** Date signed **7/27/48**

SEP 3 1948

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.....

Cramer Clark

Licensed Embalmer No.....

3257

P. O. Address.....

Kingston, N

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

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