FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 9 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23882

Registration District No. 240 — Primary Registration District No. 4427 — Registrar's No. 94

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dewitt Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town Keysville 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dora Hilliard
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 7
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 9 1868 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Jacksonton Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Charles Grau
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane McClown
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Charles Hilliard
(b) Address Keysville Mo
17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 6-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Keysville
18. (a) Signature of funeral director L. J. Jones & Son
(b) Address Steelville Mo
19. (a) 8-5-48 (Date received local registrar) (b) Thelma C. Buckthorpe (Registrar's signature) 384

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1948 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from June 10, 1948, to June 22, 1948; that I last saw her alive on June 22, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial failure | 10 days |
| Due to: Senility & Debility | 3 mos. |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 7
23. Signature Eugene J. Gershon (M. D. or other) 60
Address Waynesville Mo. Date signed 6-22-48

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

WRITE PLAINLY—USING 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 L J Ja

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L J Jonas

Licensed Embalmer No. 2379

P. O. Address Steelville

**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.