FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 24 1948

Registration District No. 3 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25710

Primary Registration District No. 4 8 8 8

Registrar's No. 20

1. PLACE OF DEATH:
(a) County: Carter
(b) City or town: Ellsinore
(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 years, months or days)
In this community: 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Carter 18
(c) City or town: Ellsinore 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Minnie L. Hill
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Robert
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: June (Month) 10 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
71	1	11	..... hr. ..... min.

9. Birthplace: Gardenia, (City, town, or county) Ind. / (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....

MOTHER FATHER
12. Name: Isaac Schaefer
13. Birthplace: Ind. / (City, town, or county) (State or foreign country)
14. Maiden name: Angeline Thurston
15. Birthplace: Minn. / (City, town, or county) (State or foreign country)

16. (a) Informant: Robert V. Hill
(b) Address: Ellsinore, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hill Top Cemetery
18. (a) Signature of funeral director: Phil A. Leuckel
(b) Address: Van Buren Mo.
19. Aug 16 - 1948 (Date received local registrar) Mrs Orla Henson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1948 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from 8 May 48, 19..., to 21 July 48, 19..., that I last saw the alive on 1 July 48, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	2 mo
Due to: Hypertensive Heart Disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
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
23. Signature: C. A. Brockmann (M.D. or other)
Address: Orla, Bloy, Mo. Date signed: 12 Aug 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-18-48
District Health Officer No. 6,
District File Number 8 48 523
Date Filed 8-23-48

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~~ 7-21-

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

working under my personal supervision.

Signed Phil A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren M

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.