S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 14 1948

Registration District No. 289

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 27026

Registrar's No. 284

1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence 3910 Market
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion

(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No.: 3910 Market
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Lottie Hill

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

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

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Ben Hill

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

7. Birth date of deceased: December 29, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81 ~~82~~	8	4	..... hr. ..... min.

9. Birthplace: Louisiana Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: xx

FATHER
12. Name: John DeGroodt
13. Birthplace: No record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary (no record)
15. Birthplace: No Record (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ben Hill Jr.
(b) Address: 3231 St. Marys Hannibal

17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof: 9/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Higginsville Mo

18. (a) Signature of funeral director: W. Crawford Smith
(b) Address: 902 Broadway Hannibal Missouri

19. (a) 9-3-48 (Date received local registrar) (b) Dr. E. M. Lucas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3 year 1948 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from ....., 1947 to 9-3, 1948 that I last saw her alive on 8-20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	1 hr.
Due to: Arterio sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

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: [illegible] (M. D. or other)
Address: [illegible] Date signed 9-3-48

Jefferson City Printing Co. 10 0 (Licensed Embalmer's Statement on Reverse Side)

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 John S. Hand

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.