

FILED AUG 18 1948

Registration District No. 18

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4443

State File No. 37370

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Carpenter Street
(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 days)

3. (a) PRINT
FULL NAMEGlenn S. Hill3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex male5. Color or
race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife
Lillian Hill6. (c) Age of husband or wife if
alive 44 years7. Birth date of deceased September 6 1885
(Month) (Day) (Year)8. AGE: Years 62 Months 11 Days 6
If less than one day
hr. _____ min. _____9. Birthplace Muscataine Iowa
(City, town, or county) (State or foreign country)10. Usual occupation retired printer

11. Industry or business _____

12. Name Lewis J. Hill13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)14. Maiden name Maggie S. Jordan15. Birthplace Montgomery City Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Lillian Hill(b) Address Huntsville, Missouri17. (a) burial (b) Date thereof 8/14/1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Huntsville, Missouri18. (a) Signature of funeral director Tom B. Patton(b) Address Huntsville, Mo.19. (a) 8-13-1948 (b) Wm B. A. Bornhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. Carpenter Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1948 hour 3:20 A.M. minute _____ M. _____21. I hereby certify that I attended the deceased from
July 29 1948 to Aug 11 1948
that I last saw him alive on Aug 11 1948
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis Duration 2 HrDue to arterio-sclerosis

Due to _____

Other conditions
(Include pregnancy within 3 months of death) noneMajor findings:
Of operations noneOf autopsy none

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 W. B. A. Bornhart (M.D. or other) MD
Address Huntsville, Mo. Date signed 8/13/48

RECEIVED

District Health Officer No. 10

District File Number 8-48-145

Date Filed AUG 17 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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Fentville, Mo

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.