No. 2
8-43
17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28645

FILED SEP 7 1948

Registration District No. 3553 Primary Registration District No. 6196 Registrar's No. 18

1. PLACE OF DEATH:
(a) County: Texas
(b) City or town: Licking (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): 2 yrs
In this community

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

3. (a) PRINT FULL NAME: James A. Hill
3. (b) If veteran, name war: —
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nina Hill
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: Oct 23 1873 (Month) (Day) (Year)
8. AGE: Years 74 Months 9 Days 27 If less than one day hr. min.
9. Birthplace: Maples (City, town or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
MOTHER FATHER
12. Name: W. A. Hill
13. Birthplace: Tenn (City, town or county) (State or foreign country)
14. Maiden name: Kathrine Crockett
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Sherman Hill
(b) Address: Licking Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Rock Springs Cem.
18. (a) Signature of funeral director: Smith & Ferguson
(b) Address: Licking Mo
19. (a) 8/21/48 (Date received local registrar) (b) Elmora Hesse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1948 hour 9 minute — A.M.
21. I hereby certify that I attended the deceased from Aug 8 1948, to Aug 20 1948, that I last saw him alive on Aug 13 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 63	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Leslie Randall (M. D. or other)
Address: Licking Mo Date signed 8/21/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-1-48
District Health Office No. 5,
District File Number 946539
Date Filed 9-1-48

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.....

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

working under my personal supervision.

Signed E E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.