FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28762

Primary Registration District No. 3900

Registrar's No. 271

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: A. S. O. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Days (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair 1
(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 618 S. Florence 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME John William Hill
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May A. Hill
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug. (Month) 17 (Day) 1879 (Year)

8. AGE: Years 69 | Months | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) England 4 (State or foreign country)
10. Usual occupation Life Ins. Agt. 1
11. Industry or business Metropolitan Ins. Co.
FATHER
12. Name John Hill
13. Birthplace ..... (City, town, or county) England 4 (State or foreign country)
MOTHER
14. Maiden name Ellen Simpson
15. Birthplace ..... (City, town, or county) England 4 (State or foreign country)
16. (a) Informant Mrs. J. W. Hill
(b) Address Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Richardsdale, Bevier Mo.
18. (a) Signature of funeral director Albert Kinnes
(b) Address Macon, Mo.
19. (a) Sept 22-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4 year 1948 hour 10:45 minute ..... P.M.

21. I hereby certify that I attended the deceased from August 19, 1948, to September 4, 1948; that I last saw him alive on September 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Profound toxemia	10 da.
Due to Advanced abdominal carcinomatosis	3 mo.
Due to Primary adeno carcinoma of stomach	1 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Advanced abdominal carcinomatosis
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 M. B. Simmers (M. D. or other) M.D.
Address Kirksville Mo. Date signed 9-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SIMMERS

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

OCT 21 1948

RECEIVED
District Health Officer No. 10
District File Number 9.48.1690
Date Filed SEP 28 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 Albert Skinner

Licensed Embalmer No. 757

P. O. Address Macon

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.