No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28867

Primary Registration District No. 3006

Registrar's No. 251

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 105 Monroe St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 105 Monroe St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY ELIZABETH HILL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife A.L. Hill

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

7. Birth date of deceased 2 - 7 - 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	7	26	..... hr. ..... min.

9. Birthplace Callaway County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Nacy Blake
13. Birthplace (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Mary Jane Horseman
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. J. Curtis Stone
(b) Address 105 Monroe St., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Chapel

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 10-5-48 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1948 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from 9-26- 1948 to 10-2- 1948
that I last saw him alive on 9-27- 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes	7 yrs
Due to —	
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) No

(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? No (e) Means of injury

23. Signature W. D. Dysart (M. D. or other)

Address Columbia Date signed 10-4-48

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

RECEIVED
District Health Officer No. 9,
District File Number OCT 12 1948
Date Filed

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 Thos. L. Waring

Licensed Embalmer No. 4132

P. O. Address Columbia, S

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.