

300
0-47
7-39
3905

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36173**
Registrar's No. **1054**

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether
In this community 60 YEARS
years, months or days)

3. (a) PRINT FULL NAME James E. Hill
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Ella Hill
6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased September 6, 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 26
If less than one day hr. min.

9. Birthplace Ironton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Carrier

11. Industry or business Rural Mail Carrier

12. Name Richard Hill

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Hester Kesterson

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Campbell,

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 12-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield Mo.

18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield Mo.

19. (a) 12-3-48 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 34
(c) City or town Springfield,
(If outside city or town limits, write "RURAL") 2
(d) Street No. 714 E. Division 6
(If rural, give location) 1
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2,
year 1948 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from 11-12 1948 to 12-2 1948
that I last saw him alive on 12-2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: EMEMIA
Hypostatic pneumonia
lung abscesses
Cloudy Swelling of
Kidneys
Duration 6 days
4 "
unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1149

Of autopsy See above

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? _____

While at work? _____ (Specify type of place) (c) Manner of injury 1

23. Signature Joseph P. Hill (M. D. or other)
Address 609 Cherry Date signed 12-3-48

FEB 11 1946

1946

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

Max Anderson

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.