

No. 2
-12-45
5-17-39
X47070

FILED NOV 1 1946

Registration District No. 137

Primary Registration District No. 4213

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 68 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Montrose Mo
(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) PRINTED FULL NAME Maud Ford Hill

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1946 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from
Aug 15, 1946, to Oct. 18, 1946
that I last saw her alive on Oct. 6, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Marcus M Hill

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

7. Birth date of deceased July - 10 - 1878
(Month) (Day) (Year)

Immediate cause of death Carcinoma of uterus Duration 5 Mo.

Due to unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) none

8. AGE: Years Months Days If less than one day

68 3 11 hr. min.

9. Birthplace Lima Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

12. Name William P Parks

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

14. Maiden name Cardelia A. Ford

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Theo Fratley

(b) Address Montrose Mo

17. (a) Burial (b) Date thereof 10-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Conradus & Beck

(b) Address Clinton Mo

19. (a) 10-21-46 (b) R R Kenney
(Date received local registrar) (Registrar's signature)

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? _____

(c) Means of injury _____

While at work? _____

23. Signature S. Wright (M. D. or other) MD

Address Clinton Mo Date signed 10/24/46

120

77-44-01
5002-9A-6

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 R R Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.