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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 11 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **908**  
Registrar's No. **29**

Registration District No. **37** 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 **7 yr.** (Specify whether  
In this community **7 yr.** years, months or days)

3. (a) PRINT FULL NAME **Olen Ovice Hill**

3. (b) If veteran, name war. **—** 3. (c) Social Security No. **702-07-8176**

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mrs O O Hill** 6. (c) Age of husband or wife if alive **59** years  
7. Birth date of deceased **Jan 15 1881** (Month) (Day) (Year)

8. AGE: Years **66** Months **0** Days **22** If less than one day hr. min.

9. Birthplace **Henry Co, Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Railroad watchman**

11. Industry or business

MOTHER FATHER

12. Name **John William Hill**  
13. Birthplace **Boone Co, Ind** (City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Long**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs O O Hill**  
(b) Address **Montrose Mo**

17. (a) **Burial** (b) Date thereof **2-9-1947** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **White Oak**

18. (a) Signature of funeral director **Fred Walker**  
(b) Address **Clinton MO**

19. (a) **2-8-47** (b) **R R Kenney** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Henry**  
(c) City or town **Montrose** (If outside city or town limits, write "RURAL")  
(d) Street No. **at Home** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **8** year **1947** hour **12** minute **5** a. M.

21. I hereby certify that I attended the deceased from **Jan 1945** to **Feb 7 1947** that I last saw him alive on **Feb 7 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Throat paralysis** Duration **3 da**

Due to **Railroad injury** **16 years**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **115** 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 **O**

23. Signature **W. E. Baggery** (M. D. or other) **MO** Address **Montrose Mo** Date signed **2-8-47**

120

MAY 16 1947

Date: 5-16-47  
Case No. 2-10-47  
No. 100-100-100

**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.....

*Fred W. Wilkerson Jr.*, Registered Apprentice No. 434  
working under my personal supervision.

Signed *Fred W. Wilkerson*  
Licensed Embalmer No. 2478  
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.