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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
Bonne Terre Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Rural (If outside city or town limits, write "RURAL") (11)

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOYCE FLORENCE HILL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month May day 11
year 1945 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 11, 1945
_____ 19____ to May 11 1945

that I last saw him alive on May 11 1945
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 Married

6. (b) Name of husband or wife Marion Hill

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 13, 1903
(Month) (Day) (Year)

Immediate cause of death Hemorrhage from ruptured tubal pregnancy

Due to Ruptured Tubal Pregnancy

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>10</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace St. Francois Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions Quarria (Secondary)
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

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

11. Industry or business _____

12. Name John T. Hubbard

13. Birthplace St. Francois Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary C. Shaggs

15. Birthplace St. Francois Co., Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Norma Bennett

(b) Address Farmington, Mo

17. (a) Burial (b) Date thereof May 14, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loft P. Cem. Farmington, Mo

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo

19. (a) 5/14/45 (b) Esther Rudloff
(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) _____

(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 L. M. Sawfield M. D. or other _____

Address Farmington, Mo Date signed 5/14/45

Health Office No. 4
District File Number 645-70
Date Filed 6-7-45

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 Bert J. Miller
Licensed Embalmer No. 3752
P. O. Address Farmington, 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.