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M-9-4-41
Y. 5-17-39
P1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Dr. O. L. Seabough

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2380**
Registrar's No. **50**

Filed FEB 29 1944

Primary Registration District No. **3010**

16
1
4

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

1. PLACE OF DEATH:

(a) County Cape-Girardeau
 (b) City or town Cape-Girardeau
 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
South East Mo. Hospital
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week
 (Specify whether years, months or days)

In this community 1 week

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New-Madrid
 (c) City or town Matthews Mo.
 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? X no (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME James Monroe Hill

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1
 year 1944 hour 1 minute 15 P. M.

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased: 3 (Month) 14 (Day) 1865 (Year)

21. I hereby certify that I attended the deceased from Jan 25 - 1944 to Feb 1 1944
 that I last saw him alive on Feb 1 1944
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>11</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death: Coronary thrombosis

Due to Hypertension

Due to _____

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

Other conditions (include pregnancy within 3 months of death) 9/4/44

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name Alfred Hill

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

14. Maiden name Unkown

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

Physician _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. C.A. Critchlow
 (b) Address Matthews Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/44 (Month) (Day) (Year)
 (c) Place: burial or cremation Matthews Mo.

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? _____

18. (a) Signature of funeral director H. W. Albritton
 (b) Address Sikeston Mo.

19. (a) 2-7-44 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

While at work (Specify type of place) (c) Means of injury D

23. Signature O. Seabough (M. D. or other) Ed. Harshbarger
 Address _____ Date signed 2/24/44

10-14 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 244-8874 33
Date Filed 2-8-44

FEB 18 1944

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.....

Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed John Albritton
Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.