

Registration District No. **218**

Primary Registration District No. **3017**

27
2

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

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution:
ST. JOSEPH'S HOSPITAL

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **I WEEK**
(Specify whether life) (Specify whether years, months or days)

In this community **life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**

(c) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL")

(d) Street No. **113 WATER STREET**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CHARLES R. HILL**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **3rd**
year **1942** hour **11** minute _____ B. M.

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **LAURA FULLIAM**

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

7. Birth date of deceased **JULY 9 1871**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 27** 19**42** to **Oct 3** 19**42**
that I last saw him alive on **Oct 2, 1942**
and that death occurred on the date and hour stated above.

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

71 **2** **25** hr. _____ min.

Immediate cause of death **Pernicious anemia** Duration **?**

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

Due to _____

Due to **1730**

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation **RETIRED FARMER**

Major findings: **none**

Of operations _____

Of autopsy **none**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business **FARMING**

12. Name **WILLIAM HILL**

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

14. Maiden name **TEMP BIRDSONG**

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

16. (a) Informant **MRS BERNARD KLINE**

(b) Address **ST. LOUIS, 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? _____

(c) Place: burial or cremation **ALLEE CEMETERY - CLARKSBURG**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO.**

19. (a) **Oct-5-42** (b) **Dr. Chas. Swap**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury **0**

23. Signature **T. C. Beckett** (Other) _____

Address **Boonville, Mo.** Date signed **10-5-42**

1088

RECEIVED

Sp. Health Officer No. 8,

Date Filed 11-2-42

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.