S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 7 1947

Registration District No. 22

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 24868

Registrar's No. 48

68

1. PLACE OF DEATH:
(a) County Moniteau Co.
(b) City or town California Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Susan Mc Daniel
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 25 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
86	5	4	hr. min.

9. Birthplace Moniteau Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Henry Clay Hill
13. Birthplace / (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Elizabeth Meshan
15. Birthplace (City, town, or county) Tenn. (State or foreign country) /

16. (a) Informant A. B. Hill
(b) Address California Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sappington Cem.
18. (a) Signature of funeral director Chas. E. Williams
(b) Address California Mo.
19. (a) Aug 2, 1947 (Date received by local registrar) H. R. Pogue (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1947 hour 12:15 minute A.M.
21. I hereby certify that I attended the deceased from July 28, 1947, to July 30, 1947;
that I last saw her alive on July 29, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	2 days
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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

23. Signature Paul R Stanchak (M. D. or other) MD
Address California Mo. Date signed 8/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number 8-6-42

Date Filed .....

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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.