

S. No. 2  
M-5-42  
5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 15 1943

Registration District No. 297

Primary Registration District No. 3053

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
In this community Over 100 years All His Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Richmond Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Okel Hill

3. (b) If veteran, name war none

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th.  
year 1943. hour eight minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Reatha (Holder) Hill

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

7. Birth date of deceased Feb. 1st. 1904.  
(Month) (Day) (Year)

Immediate cause of death Found dead Duration \_\_\_\_\_

Due to Chronic Myocarditis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 938

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>11</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation Coal Miner

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Perry J. Hill

13. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Margaret Wilson

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Wilson Hill

(b) Address Richmond, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-43. (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director W. J. Fisher

(b) Address Richmond Mo.

19. (a) Jan 12 43 (Date received local registrar) (b) Mrs. Chas. W. Shippard (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 Jan 11, 1943

(c) Where did injury occur? Richmond Ray Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? No (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. John E. Baber, Dep. coroner (M. D. or other)

Address Richmond Mo Date signed 1/12/43

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

Health Officer No. 8,

File Number

Date Filed 2-13-43

FEB 23 1943

FEB 19 1943

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.....

working under my personal supervision.

*J B Brothers*

Registered Apprentice No.....

Signed.....

*Brothers Funeral Home*  
*J B Brothers*

Licensed Embalmer No. 2001

P. O. Address *Richmond Va*

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.