

No. 2  
9-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
**FILED SEP 13 1944**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27838**

Registration District No. **137**

Primary Registration District No. **4217**

Registrar's No. **142**

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

1. PLACE OF DEATH:

(a) County Wichita

(b) City or town Wichita  
(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)

In this community Twenty five years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mable Forest Hill

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, Married

6. (b) Name of husband or wife W. C. Hill

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July 15 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months \_\_\_\_\_ Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Keeping

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

MOTHER FATHER

12. Name George W. Toalson

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

14. Maiden name Margaret Cowden

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

16. (a) Informant Merritt L. Lewis

(b) Address Rosewell Howard

17. (a) \_\_\_\_\_ (b) Date thereof 8 2 44  
(Burial, \_\_\_\_\_) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cemetery

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

(b) Address Wichita Mo.

19. (a) Aug 31 1944 (b) \_\_\_\_\_  
(Date received local registrar) (Date received state registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4th  
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 23, 1944 to Aug 4, 1944  
that I last saw her alive on Aug 3rd, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to Impairment of Circulation

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 33a

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? X (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? X Means of injury 0

23. Signature J. W. Galbreath (M. D. or other) \_\_\_\_\_

Address Wichita Mo Date signed 8-4-44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

1069

RECEIVED

DI

Office No. 71

District

8-14-1952

Date Filed

9-11-44

OCT 5 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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed

*R. P. Kenney*

Licensed Embalmer No. 3099

P. O. Address. *Clinton Md*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.