

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21108
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Jackson Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 722 Genitor Registered No. 2558
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 4 00 (f) How long in U.S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Sullivan J. Hill
 (a) Residence, No. 2612 E 70th St. (If not resident, give city or town and State) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown 1858

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-1-1899

7. AGE YEARS 39 MONTHS 8 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Arthur Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Dina Wiles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Receiv. Clerk P.O. Box 1000

18. BURIAL, CREMATION, OR REMOVAL Resurrection Cemetery DATE 6-26-38

19. FUNERAL DIRECTOR (NAME AND ADDRESS) John B. Hopkins 536 Campbell St

20. FILED June 26, 1938 M. M. Crow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 19 38

22. HEREBY CERTIFY, That I attended deceased from 6-23, 1938, to 6-24, 1938
 I last saw him alive on 6-24, 1938 Death is said to have occurred on the date stated above, at 1:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Lung Date of onset 47

Other contributory causes of importance:
Bronchopneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) P. J. De Maria, M. D.
 (Address) 722 Genitor

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.