

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.

In. 1010

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

27919  
Do not use this space.

REC'D SEP 13 1938

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. 2 C Gen Hosp St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. d. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3230

2. PRINT FULL NAME

(a) Residence, No. 210 N. W. Shelley St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Siac W. Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1884

7. AGE YEARS 54 MONTHS 5 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 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

FATHER 13. NAME John John

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

MOTHER 15. MAIDEN NAME Ellen Dunn

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

17. INFORMANT (ADDRESS) Re u d Clerk  
2 C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 8-11-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edgerton & Co  
120

20. FILED Aug 15 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-5 to 8-14 1938  
 I last saw her alive on 8-14 1938 Death is said to have occurred on the date stated above, at 1:05 PM  
 The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver  
1240  
 Other contributory causes of importance:  
 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? 1  
 If so, specify .....  
 (Signed) P. De Maria M. D.  
 (Address) 2 C Gen Hosp

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**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.**