

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

34724

Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 4060
 (c) City Kansas City (d) Street No. 3700 East 63rd 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Louise Hill
 (a) Residence, No. 3700 East 63rd St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. R. Hill

22. I HEREBY CERTIFY, That I attended deceased from 10-30 to 10-17, 1938
 I last saw her alive on 10-16, 1938. Death is said to have occurred on the date stated above, at 5 A. m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 27, 1875
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
63 8 20

Pneumonia Date of onset 10-19-38
Coronary Sclerosis ?
19
 Other contributory causes of importance:
Diabetes Mell. 1930
Arterio Sclerosis ?

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Montreal (STATE OR COUNTRY) Canada

FATHER 13. NAME Wm. Macaulay
 14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Wm. Millis
 16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

17. INFORMANT Wm. R. Hill (ADDRESS) 3700 East 63rd St. Kansas Cy., Mo.

18. BURIAL PLACE Forest Hill Cam. Kansas City, Mo. DATE 10/19, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure (ADDRESS) Kansas City, Missouri.

20. FILED Oct 18, 1938 M. M. Crowe Local Registrar.

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? Yes
 If so, specify Diabetes Mell.
 (Signed) Wm. M. Crowe, M. D.
 (Address) 736 Argyle

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.

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.