

REC'D FEB 20 1939

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

1337

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township Kaw Primary Registration District No. _____ Registered No. **350**
 (c) City Kansas City (d) Street No. St Lukes Hospital 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
400
 2. PRINT FULL NAME Emmett H. Hill
 (a) Residence, No. 408 N. 46th Terrace 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 Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Olive May Hill
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 14 1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 6 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MEXICAN IMPORTER
 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) JANUARY 1939
 11. Total time (years) spent in this occupation 5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1939
 22. I HEREBY CERTIFY, That I attended deceased from Pathologist to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:45 A.M.
 The principal cause of death and related causes of importance were as follows:

Hypertensive cardiac failure
Wenous congestion
Chronic hypertrophy (hypertension) 131
 Date of onset _____

Other contributory causes of importance:

Arteriosclerosis of the kidneys
Prostatic hypertrophy
Urinary bladder hypertrophy

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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? No
 If so, specify _____
 (Signed) Herbert J. Bray M. D.

(Address) St. Lukes Hospital
K.C. Mo.

12. BIRTHPLACE (CITY OR TOWN) WICHITA
 (STATE OR COUNTRY) KANSAS
 FATHER 13. NAME EDWIN HILL
 14. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) VERMONT
 MOTHER 15. MAIDEN NAME JULIETTE LEWIS
 16. BIRTHPLACE (CITY OR TOWN) LIEFIN
 (STATE OR COUNTRY) OHIO
 17. INFORMANT Mrs. Olive May Hill
 (ADDRESS) 408 N. 46th Terrace
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cremation DATE Jan. 29 1939
 19. FUNERAL DIRECTOR (NAME) W. McCombs
 (ADDRESS) Brushcreek + Poseo
 20. FILED Jan 27 1939 M. M. Crow
 Local Registrar.

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.....

C. Hervey Quisenberry

Licensed Embalmer No.....

4070

P. O. Address.....

Kansas City,

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.