

REC'D AUG 7 1939

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

24638
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 355
 (b) Township Kaw Primary Registration District No. 1807 Registered No. 2851
 (c) City Kansas City (d) Street No. General Sloop # 2 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.
400
 2. PRINT FULL NAME Jannet M. Hill
 (a) Residence, No. 2127 Flora St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luman Hill
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1900
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 5 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) McKinney Texas
 FATHER 13. NAME Steve Blackmon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk
 MOTHER 15. MAIDEN NAME Martha
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk
 17. INFORMANT (ADDRESS) Luman Hill
2127 Flora
 18. BURIAL, CREMATION, OR REMOVAL PLACE McKinney Texas DATE July 15, 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Bros
1729 Lydia
 20. FILED July 16, 1939 M. M. Brome
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14-39
 22. I HEREBY CERTIFY, That I attended deceased from July 12, 1939, to July 14, 1939
 I last saw her alive on July 12, 1939 Death is said to have occurred on the date stated above, at 1245 St.
 The principal cause of death and related causes of importance were as follows:
Pulmonary thrombosis
 Date of onset
 Other contributory causes of importance:
anemia and acute
heart failure
 Name of operation none Date of
 What test confirmed diagnosis clinical Was there an autopsy? no
 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) J. C. Dwyer, M. D.
 (Address) 1830 Vermont

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.

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 *T. B. Hatkins*

Licensed Embalmer No. 2889

P. O. Address 1729 Lydia

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.