

SEP 6 1939

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

28349

Do not use this space.

3351

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Ross Primary Registration District No. 100
(c) City Kansas City (d) Street No. 44th and Philbrick 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

(a) Residence, No. 2644 Jefferson St. St. Ogden Utah
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Ada Hill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23, 1885</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>2</u>	DAYS <u>29</u>
If LESS than 1 day, ...hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Conductor on Southern Pac. Ry Co.</u>		
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) <u>Maine</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mrs. Ada Hill</u> (ADDRESS) <u>Ogden Utah</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremation</u> DATE <u>Aug. 25-1939</u> <u>Elmwood Cemetery</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>C. H. Blackman & Son, Inc.</u> <u>2825 Independence Blvd. K.C. Mo.</u>		
20. FILED <u>9/25/39</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1939, to Aug 22 1939

I last saw him alive on Aug 22 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Arteriosclerosis
Coronary Arteriosclerosis
Myocardial Fibrosis
9.6

Date of onset

Other contributory causes of importance:

Name of operation none 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? yes

If so, specify.....

(Signed) Shirley E. Lee M.D.

(Address) 1518 Professional Bldg.

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 G. D. Blackman

Licensed Embalmer No. 3639

P. O. Address R. C. Mo.

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.

APR 17 1951