DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42190

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4599

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lakeside Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City Mo (If outside city or town limits, write "RURAL")

(d) Street No. 4139 Forest (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Baby Richard Lee Hilt 430

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife no

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased November 26, 1939 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation infant 0

11. Industry or business x x 0

FATHER
12. Name Sanford Hilt
13. Birthplace Breckenridge, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mildred Dowell
15. Birthplace Melborne, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sanford Hilt

(b) Address 4139 Forest, K. C. Mo.

17. (a) Trenton Mo (Burial, cremation, or removal) (b) Date thereof Dec 3 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem - Trenton Mo

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Mo.

19. (a) Dec. 3, 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27 year 39 hour 6.30 minute 10 M.

21. I hereby certify that I attended the deceased from Birth 11-26-, 1939, to 11-27-, 1939 that I last saw him alive on 11-27-, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia due to Circulatory failure

Due to No Viable - 7 mo premature

Due to

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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22. If death was due to external causes, fill in the following: —

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)

While at work? — (e) Means of injury

23. Signature D. C. E. Grimble (M. D. or other)

Address 612 Chambers Bldg. Date signed 7-28-39

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.