

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **24311**
 Registrar's No. **2924**

Registration District No. **399** Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6010 Locust St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 33 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Claude D. (Ted) Hill 400
 3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Almaretta Hill 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased Nov. 10 1879
 (Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 11 If less than one day hr. min.

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Sign shop - owner

11. Industry or business 9

MOTHER { 12. Name Harry Hill
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma Ransom
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Almaretta Hill

(b) Address 6010 Locust

17. (a) Burial (b) Date thereof July 24-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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

(b) Address 1800 Linwood K.C.Mo.

19. (a) July 22, 1940 (b) M.M. Craune
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6010 Locust
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 21st
 year 1940 hour 8⁴⁵ minute P.M.
 21. I hereby certify that I attended the deceased from 2nd August
 1938 to July 21st 1940
 that I last saw him alive on May 10th 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of tongue
 Duration 2 years.
 Due to 45

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma of tongue
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Ed W. Klein (M. D. or other)
 Address Plaza Medical Bldg Date signed 7/22/40

OCT 22 1942

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 _____

Chas. J. Ellis

Licensed Embalmer No. _____

2644

P. O. Address _____

1500 Pinewood

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.