

Registration District No. 399

Primary Registration District No. 1002

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: None - 1856 Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community about 5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates ⁴⁸

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

(d) Street No. 1856 Benton
(If rural, give location)

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

3. (a) PRINT FULL NAME Erly A. Hill

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife George Hill

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

7. Birth date of deceased Nov. 22 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Shelby Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Laborer Warren

13. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Roberts

15. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. F. Woods

(b) Address 1856 Benton

17. (a) Burial (b) Date thereof Jan 26 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laf Hill Cem.

18. (a) Signature of funeral director Carlvinis

(b) Address Butler Mrs

19. (a) Jan 25 1941 (b) M. Mrs. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day January year 1941 hour Two minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 25th, 1941, to Jan 25th, 1941
that I last saw her alive on January 23rd, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-Carditis

Due to Bronchial Asthma

Other conditions 93 D

(Include pregnancy within 3 months of death)

Major findings: _____

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 D

23. Signature B. P. Boorman (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

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. E. Alentow

Licensed Embalmer No.

4123

P. O. Address.....

Butler, M

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, fact should be so stated above.