

FILED MAY 16 1941

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

13563
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Rox Primary Registration District No. 1202
(c) City Kansas City (d) Street No. 3805 East 40 St. Registered No. 1544
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 75 yrs. 6 mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Agnes Fulton Hill

(a) Residence, No. Waldron Hotel, 810 E. 15 St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Russell Hill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

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) 3/20/41 11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Scotland

13. NAME James Fulton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Scotland

15. MAIDEN NAME Elizabeth McEwen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Scotland

17. INFORMANT Frank F. Hill

(ADDRESS) 1977 N. 30 St., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove DATE 4/28/41

19. FUNERAL DIRECTOR (NAME) Geo. H. Logg

(ADDRESS) Kansas City, Kansas

20. FILED Apr. 18, 1941 M. M. Crowe
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1941

22. I HEREBY CERTIFY, That I attended deceased from October 1939 to April 16, 1941

I last saw h. e. alive on April 16, 1941 Death is said to have occurred on the date stated above, at 7 A. M.

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

Cardio-vascular Renal Disease Date of onset 2-3 years
Terminal Pneumonia 4 days

Other contributory causes of importance: 131 a

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) O. Schaefer, M. D.

(Address) 1401 S. V. Blvd. K. C., Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X14623

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. H. Rider

Licensed Embalmer No. 3404

P. O. Address 703 N. 10, K.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.

*1421 1/2 E. Blvd.
L.C.*