

FILED FEB 13 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 309

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: 1620 Summitt  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1620 Summitt (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MAUDE R. HILL

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chas. Hill 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 19, 1902  
(Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Minister

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name M. Foreman  
18. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name E. V. Gordy  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas. Hill  
(b) Address 1620 Summitt

17. (a) Burial (b) Date thereof 1/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Floral Hills or emetery

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.  
(b) Address 2825 Indep. Blvd., K. C. Mo.

19. (a) 1/27/42 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25 year 42  
hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7:00 a to 9:00 a 1942  
that deceased was alive on \_\_\_\_\_, 1942  
and death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Acute pulmonary edema & congestion  
Hypertrophy of the heart  
Obesity  
(Include pregnancy within 3 months of death) 95c

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 about home, on farm, in industrial place, in public place?

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
28. Signature Doctor W. H. ... (M. D. or other)  
Address Ke-... Date signed \_\_\_\_\_

USE UNFADING BLACK INK—MAKE 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 X19511

**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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K E. 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.**