

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13362

State File No.

FILED MAY 21 1942

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1891

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 504 No. Shelly
(d) Length of stay: In hospital or institution 25 years
In this community years, months or days

3. (a) PRINT FULL NAME

ISAAC W. HILL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 1875 years
7. Birth date of deceased Feb. 3 (Month) (Day) (Year)

8. AGE: 67 Years 3 Months 9 Days If less than one day hr. min.

9. Birthplace Platte Co. Mo. U (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Isaac W. Hill
13. Birthplace Tennessee
14. Maiden name Mary C. Webb
15. Birthplace Platte Co. Mo. U (City, town, or county) (State or foreign country)

16. (a) Informant Harry Wells
(b) Address 1635 Summitt

17. (a) Burial (b) Date thereof 5/14/42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 5-14-42 (b) M. M. Cronin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 504 No. Shelly
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 12 year 1942 hour 12:05 P. minute 05 P.

21. I hereby certify that I attended the deceased from April 7, 1942 to May 12, 1942 that I last saw him alive on May 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute endocarditis

Due to Broncho-pneumonia

Due to 107

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy 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 M. D. (M. D. or other) M. D.

Address 25th & Forest Date signed 5/13/42

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

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

Frank A. Galt

Licensed Embalmer No.

2467

P. O. Address

Independence, 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, fact should be so stated above.