

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26406**

Registration District No. **11 1042**

Primary Registration District No. **1002**

Registrar's No. **2242**

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:
1603 Linwood Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **1 Year**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Ida May Hill**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Mr. Charles Hill**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 21 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 9
hr. min.

9. Birthplace **Pike County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **At Home**

12. Name **Elbridge Morrell**

13. Birthplace **Augusta Maine**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Reed**

15. Birthplace **France**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ida May Hill**

(b) Address **1603 Linwood**

17. (a) **Removal** (b) Date thereof **Aug. 30, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fort Scott, Kansas**

18. (a) Signature of funeral director **G. J. Kewenauer Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **8-30-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

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. **1603 Linwood Blvd.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **30**
year **1942** hour **1** minute **48 a.m.**

21. I hereby certify that I attended the deceased from **June 1**, 19**20**, to **Aug 30**, 19**42**;
that I last saw her alive on **Aug 29**, 19**42**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Central regurgitation
Due to **do not know**
Due to **131**

Other conditions **Chronic nephritis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **no**
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) **no**
(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 **James W. Graham** (M. D. or other)
Address **1518 Angelo Bldg. City** Date signed **Aug 30 42**

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

MOTHER FATHER

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Hill

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. Hervey Pensebom

Licensed Embalmer No. 4070

P. O. Address.....

S. C. Ma

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.