

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29443

FILED SEP 24 1942

State File No.

Registrar's No. 3442

Registration District No. 149

Primary Registration District No. 1002

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:
3157 Pennsylvania /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 57 years
years, months or days)

3. (a) PRINT FULL NAME George Edward Hill

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-I6-2343

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Hattie Bell 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased September, 2, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 16 hr. min.

9. Birthplace Fort Plain New York
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Pardee Plumbing & Heating

MOTHER FATHER { 12. Name George Hill
13. Birthplace Brighton England
(City, town, or county) (State or foreign country)
14. Maiden name Sarah E. Rix
15. Birthplace Denton England
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah E. Hill
(b) Address 3157 Pennsylvania

17. (a) Removal (b) Date thereof 9/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Hall Illinois

18. (a) Signature of funeral director Geo. H. Long

(b) Address Kansas City Kansas

19. (a) 9/19/42 (b) M. M. Gruber
(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. 3157 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1942 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 9-3- 1942 to 9-18 1942
that I last saw him alive on 9-15- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension & Aortic
Myocarditis 1 year
Due to Coronary Thrombosis 1 year

Due to Arteriosclerosis 43 years
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations none
Of autopsy none
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 L. J. Bann (M. D. or other) MD
Address Brotherhood Bldg. K.C. Mo. Date signed 9/18/42

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.....

Louis P. Long

Licensed Embalmer No. **3417**

P. O. Address **703 N. 10 K.C.K.**

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.