

No. 2
4-13-40
-17-39
X 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13219

FILED MAY 6 1943

Registration District No. 749

Primary Registration District No. 1002

State File No. _____

Registrar's No. 1943

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: 2114 Woodland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs. (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 2114 Woodland
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME MARY HILL

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 68 years hr. min.

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

10. Usual occupation reemployed

11. Industry or business _____

12. Name Jack Holman

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Brown signature

(b) Address 2114 Woodland

17. (a) Burial (b) Date thereof April 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery, K.C., Mo.

18. (a) Signature of funeral director Fannie A. Meek

(b) Address 1706 E. 18th St. Kansas City, Mo.

19. (a) 4-23-43 (b) B. B. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day April
year 1943 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from 4-15-
1943, to 4-22-
1943
that I last saw her alive on 4-22-
1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Duration _____

Due to _____
13/10

Due to _____
Other conditions Uremia
(Include pregnancy within 3 months of death)

Major findings: None **PHYSICIAN**
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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Manner of injury 5

23. Signature J. S. Wells (M. D. or other)
Address 1605 E. 18th St Date signed 4-23-43

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

MOTHER FATHER

361

(Licensed Embalmer's Statement on Reverse Side)

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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City, 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.