

S. No. 2
M-5-42
7-5-17-39
PI X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13220

State File No.

Registrar's No. 1656

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 K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 30 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. 3555 Montgall (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ---

3. (a) PRINT FULL NAME Mr. Frank Ferris Hillyer

3. (b) If veteran, name war. No 3. (c) Social Security No. 467-16-1043

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Ethel Hillyer 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased August 15 1879 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 7 20 hr. min.

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

10. Usual occupation Civil Engineer - Lake City

11. Industry or business Lake City Ordnance Works

MOTHER FATHER { 12. Name George Hillyer
13. Birthplace Kansas (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Hillyer
(b) Address 3555 Montgall Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 4-7-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1943 hour 5 minute 40 A.M.

21. I hereby certify that I attended the deceased from 3-23-43, 19 , to 4-5-43, 19 ;
that I last saw him alive on 4-5-43, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension with cardiac hypertrophy and dilatation

Due to 95%
Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy See above
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) (c) Means of injury
23. Signature Dr. W. K. Gen. Hospital (M. D. or other)
Address Med. Dir. K. C. Gen. Hospital Date signed

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address K. C. 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.