V. S. No. 2
.00M—2-43
Rev. 5-17-3
I X3059

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002.

State File No. 30765

Registrar's No. 3790

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: 2101 Olive /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2101 Olive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM E. HILL

3. (b) If veteran, name war None

3. (c) Social Security No. 490-16-7874

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Hill

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased December 6, 1897
(Month) (Day) (Year)

8. AGE: Years 45 | Months 8 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Elwood, Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Albert Hill
13. Birthplace Oregon, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mayme Finley
15. Birthplace Savanah, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mayme Gunn
(b) Address 9233 Wentworth, Chicago, Ill.

17. (a) Burial (b) Date thereof 9-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia.

19. (a) 9-2-43 (b) Dep. N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 27 day Friday
year 1943 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from 7/26/43, 19..., to 8/27/43, 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	30 hrs.
Due to: Urethral Structure	?
Due to:	
Other conditions: Syphilis 30 y (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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?
(Specify type of place)
While at work (e) Means of injury

23. Signature Elijah A Walker (M. D. or other)
Address 1826 Vine Kemo Date signed 8/31/43

(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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.