

FILED

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4227**

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:
4405 Benton 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 **6 weeks.**
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. **4405 Benton Blvd.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Winifred A. Brown Hill**
 (b) If veteran, name war **No** (c) Social Security No. **No.**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **October** day **17th**
 year **1943** hour **11** minute **40 P.** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife **Mr. Benjamin Hill**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Feb 24 1877**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 8 1943** to **Oct 17 1943**
 that I last saw her alive on **Oct 17 1943**
 and that death occurred on the date and hour stated above.

8. AGE: Years **66** Months **7** Days **23** If less than one day hr. _____ min. _____

Immediate cause of death **Coronary Heart Disease**
 Due to _____
 Due to _____

9. Birthplace **Carbon Dale Kansas**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **At Home**

MOTHER FATHER
 11. Industry or business _____
 12. Name **Albert Brown**
 13. Birthplace **Baden Baden Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Martha Brown**
 15. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. J. L. Ringwalt**
 (b) Address **4405 Benton**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) **Cremation** (b) Date thereof **Oct 19 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: **burial** of cremation **D. W. Newcomer's Sons**

(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)

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

While at work? _____
 (e) Means of injury _____

19. (a) **10-19-43** (b) **P. C. Brown**
(Date received local registrar) (Registrar's signature)

23. Signature **George C. Bell** (M. D. or other)
 Address **1630 Prof. Bldg.** Date signed **10/19/43**

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

1630 Professional Seal
11.3

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.