

1457

State File No. 5654

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1944

Registration District No. 144

Primary Registration District No. 1002

Registrar's No.

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:
1407 East 17th Street
(If not in hospital or institution, write street number or location)

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

In this community over 20 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LILLIE HILL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race 3 Negro

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

6. (b) Name of husband or wife _____

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

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

8. AGE: Years App. 53 Months - Days -

If less than one day hr. _____ min. _____

9. Birthplace Fayette, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Day Work

MOTHER FATHER

11. Industry or business _____

12. Name John Hill

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

14. Maiden name Nancy Witt

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

16. (a) Informant Mrs. Omie Williams, Niece

(b) Address 2606 Park

17. (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Matthews Bros.

(b) Address 1729 Lydia Avenue

19. (a) Dec 31 1943 (b) J. E. Brown
(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. 1407 East 17th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 12-20-43
to 12-22-1943
that I last saw her alive on 12-22-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure

Duration Few hours

Due to Hypertensive Heart Disease

Due to _____

Duration Un-known

Other conditions 931
(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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature George H. Craft (M. D. or other) _____

Address 2204 E. 18th St Date signed 12-30-43

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

No. 2
2-43
17-39
X35687

Dr. Geo. Hoff.

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 *J. Jerome Manlove*
Licensed Embalmer No. *3994*
P. O. Address *2673 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.