

FILED APR 7 1944  
Registration District No. \_\_\_\_\_

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 **26 hrs. 13 min**  
(Specify whether  
In this community **25 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. **2615 E. 61 St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**MAY Edith Hillyer**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **486-07-6781**

4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased **MARCH 17 1898**  
(Month) (Day) (Year)

8. AGE: Years **46** Months **0** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **WILDER KANSAS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **BOOKKEEPER**

11. Industry or business **BUSINESS MENS ASSURANCE CO.**

MOTHER FATHER {  
12. Name **NELSON W. HILLYER**  
13. Birthplace **SALEM ILLINOIS**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY PUTCAMP**  
15. Birthplace **WILDER KANSAS**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary E. Hillyer**  
(b) Address **2515 EAST 61ST STREET**

17. (a) **BURIAL** (b) Date thereof **MAR 30 1944**  
(Burial, cremation, or removal) (City or town) (County) (State) (Year)  
(c) Place: burial or cremation **BONNER SPRINGS KANSAS**

18. (a) Signature of funeral director **D. H. Newcomer's Sons**  
(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **3-29-44** (b) **T. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27** year **1944** hour **8** minute **33 P.M.**

21. I hereby certify that I attended the deceased from **March 26**, 19**44** to **March 27**, 19**44**; that I last saw her alive on **March 27**, 19**44**; and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatic Heart disease and Intestinal obstruction**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (b) Means of injury \_\_\_\_\_

23. Signature **A. E. Upshered** (M.D.)  
Address **221 M. Co. 3788-44** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JUN 28 1945

**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 *E. T. Torrey*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

**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.**