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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20670

Registrar's No. 2689

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr. 35min. 6-24-44 (Specify whether years, months or days)

In this community 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 1031 Michigan
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: CORRINE HILL

3. (b) If veteran, name war: no.

3. (c) Social Security No. 497-26-03 55

4. Sex: Female 3

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: November (Month) 25 (Day) 1920 (Year)

8. AGE: Years 23 Months 6 Days ~~30~~ 29 If less than one day hr. min.

9. Birthplace: Winsor (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Defense worker

11. Industry or business:

MOTHER FATHER

12. Name: Walter Hill

13. Birthplace: Teabolt (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name: Anna Shobe

15. Birthplace: Lincoln (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Record Clerk

(b) Address: General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director E. Herbert Billis

(b) Address 1212 Nine Kansas City Mo

19. (a) 6-28-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1944 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from 11:25 A.M. June 24, 1944, to 1P.M. June 24, 1944 that I last saw her alive on June 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease	Duration
Due to	
Due to 940	
Other conditions (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 G. O. Lerner (M. D. or other)

Address Gen. Hosp. #2 6006 Jos. Date signed 6/28/44

(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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.