No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20671

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2784

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: 4011 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 7 years
years, months or days) Emma

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4011 Campbell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HILL-GILLEEN E

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Fe
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Donald B. Hill
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Aug (Month) 30 (Day) 1893 (Year)

8. AGE: Years 50 Months 10 Days 3 If less than one day — hr. — min.

9. Birthplace Summerset (City, town, or county) Pa (State or foreign country)
10. Usual occupation housewife
11. Industry or business
12. Name Hurd
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Donald B. Hill
(b) Address 4011 Campbell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director SUDDARTH
(b) Address KC Mo
19. (a) 7-5-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MOTHER FATHER
Cancelled 9-18-44 Notified

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1944 hour 6 minute P M.
21. I hereby certify that I attended the deceased from ..., 19.. to ..., 19..; that I last saw h... alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pulmonary congestion Hypertrophy of the heart
Due to (Pending investigation)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy See above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

95 CV

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 A. E. Upsher (M. D. or other) M.D.
Address 23rd & McCoy Date signed 7/5/44

(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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address Independence Mo

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

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

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2784

On this 7th day of August, 1944, before me appears Donald B. Hill, who, upon his oath, states that the original record of ~~birth~~ death for Eilleen E Hill, died ~~born~~ 7-3, 1944, in the State of Missouri, and which was filed at KC on 7-5, 1944, should be corrected as follows:

Item No. 3A should read Emma Eilleen Hill
Instead of Eilleen Hill
Item No. 9 should read Tamtrum, Penn.
Instead of Summerset, Penn
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) ✓ Affiant Donald B Hill
Relationship. ✓

✓ 4011 Campbell St.
Present Address.

Subscribed and sworn to before me this 7th day of August, 1944

My Commission expires July 30, 1946 [signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
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