

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 2 1944 49

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2999

1. PLACE OF DEATH:

Jackson
(a) County Kansas City
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Provident Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7/3 to 7/15
(Specify whether years, months or days) 3 years 0

3. (a) PRINT FULL NAME Ella Mae Hill

3. (b) If veteran, name war None 3. (c) Social Security No. None

3 Fe 5. Color or Col 6. (a) Single, widowed, married, divorced Married
4. Sex Fe race Col 6. (c) Age of husband or wife if alive 35 years
6. (b) Name of husband or wife William Hill
7. Birth date of deceased September 20, 1915
(Month) (Day) (Year)

8. AGE: Years 28 Months 9 Days 25 If less than one day
hr. min.

9. Birthplace Yehola Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Sam Burton
13. Birthplace Texas
(City, town, or county) (State or foreign country)
14. Maiden name Willie Exum
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant William Hill(b) Address 1315 East 16th Terrace

17. (a) burial (b) Date thereof 7-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.(a) Signature of funeral director Mathews Bros.(b) Address 1729 Lydia

19. (a) 7-20-44 (b) R. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 48
(a) State (b) County 3
(c) City or town Kansas City 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1315 East 16th Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1944 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from 7/3/44
to 7/15 1944
that I last saw her alive on 7/15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism 45 min
Duration
Due to Thrombo-phlebitis of Femoral Vein ?
Due to unknown

Other conditions appears dactomy 8 days
(Include pregnancy within 3 months of death)

Major findings: 12:2
Of operations Long thick-walled appendix free of adhesion
Of autopsy not permitted

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 T. Tillman (M. D. or other) M.D.
Address 1618 Lydia Date signed 7/19/44

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. Minlove

Licensed Embalmer No. *3994*

P. O. Address *2513 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.