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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23736

Primary Registration District No. 1002

Registrar's No. 3193

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~~: ST. MARY'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2-DAYS (Specify whether
In this community 23 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")

(d) Street No. 3834 EAST 67TH STREET TERR. 3
(If rural, give location)

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

If yes, name country --- 0

3. (a) PRINT FULL NAME DORENCE GEORGE HILTON

3. (b) If veteran, name war NO

3. (c) Social Security No. 495-05-7610

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. PHRANIA L HILTON

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased MAY (Month) 28 (Day) 1902 (Year)

8. AGE: Years 42 | Months 2 | Days 4/3 | If less than one day ___ hr. ___ min.

9. Birthplace MT. PELIAR (City, town, or county) | OHIO (State or foreign country)

10. Usual occupation CORPORAL OF THE GUARD

11. Industry or business PRATT & WHITNEY AIRCRAFT CORP. OF MO.

FATHER
12. Name JOHN HILTON
13. Birthplace MONTGOMERY (City, town, or county) | MICHIGAN (State or foreign country)

MOTHER
14. Maiden name LETTA QUACKENBUSH
15. Birthplace CAMBDEN (City, town, or county) | MICHIGAN (State or foreign country)

16. (a) Informant MRS. PHRANIA L. HILTON

(b) Address 3834 EAST 67TH STREET TERR

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-4-1944 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 8-4-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 1 ST
year 1944 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from 2/14/44, 19__, to 8/1/44, 19__;
that I last saw him alive on 8/1/44, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Gastrointestinal hemorrhage

Due to Ruptured esophageal Varix

Due to Cirrhosis of the liver

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 12 4 b 1

Of autopsy see above

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 O. J. Fetch 3 (M. D. or other) 8/2/44

Address 1109 Pro Bldg Date signed

361

(Licensed Embalmer's Statement on Reverse Side)

1109 Unofficial Bldg.
12:30-6:30

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. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. Mo.

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.