

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40158

State File No.

5139

FILED JAN 4 1945

Registration District No.

Primary Registration District No.

1002

Registrar's No.

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:
2109 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Hattie Hill

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex 3 Fe

5. Color or race Col

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

6. (b) Name of husband or wife Hampton Hill

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased February 12, 1870
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

74

10

3

hr. min.

9. Birthplace

Edgefield

(City, town, or county)

S. C.

(State or foreign country)

10. Usual occupation

Housework

11. Industry or business

Isom, Corum

MOTHER FATHER
12. Name
13. Birthplace
14. Maiden name
15. Birthplace

Edgefield

(City, town, or county)

S. C.

(State or foreign country)

Unknown

Unknown

(State or foreign country)

16. (a) Informant

Marie Ford

(b) Address

2109 Prospect

17. (a) burial
(Burial, cremation, or removal)

(b) Date thereof 12/19/44
(Month) (Day) (Year)

(c) Place: burial or cremation

W. E. Brown Cemetery

18. (a) Signature of funeral director

Nathans Bros.

(b) Address

1729 Lydia

19. (a) 12-18-44
(Date received local registrar)

(b) N. E. Brown
(Registrar's signature)

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. 2109 Prospect
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th
year 1944 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from 12-9- 1944 to 12-15-44 1944
that I last saw h alive on 12-15- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Anterior Abdominal
Due to Septic Hemorrhage

Due to

Other conditions fracture
(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature N. E. Brown (M. D. or other)
Address 1830 Vine St. Date signed

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

P.C. Turner,

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. Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 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.