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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2960**

Registration District No. **149** Primary Registration District No. **1001**

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

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:
2118 Wabash 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **50 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson 47**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **2118 Wabash 8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Elizabeth Hill**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **14th**
year **1945** hour **4:55** minute **A.** M.

4. Sex **Fe 3** 5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Chas. Hill**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 23 1877**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **8 July 1945** to **July 13 1945**
that I last saw h. _____ alive on _____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 8 21 hr. _____ min.

Immediate cause of death **Myocardial infarction**
Duration _____

9. Birthplace **Rome Georgia 1**
(City, town, or county) (State or foreign country)

Due to _____
Due to **Primum Septatis**

10. Usual occupation **At Home**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **No 1318**

11. Industry or business _____
12. Name **Ransom Usher**
13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma**
15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

PHYSICIAN
Of operations **No**
Of autopsy **No**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Marie Hill**
(b) Address **2118 Wabash**

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? _____

17. (a) **burial** (b) Date thereof **7/17/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **W. P. Jones** (M. D. or other)
Address **309 E. 10th** Date signed _____

18. (a) Signature of funeral director **Starkins Bros.**
(b) Address **1729 Lydia**
19. (a) **7-16-45** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

361 (Licensed Embalmer's Statement on Reverse Side) 7-16-45

Dr. H. P. Jones - 309 E 10th

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.....

Licensed Embalmer No.....

P. O. Address:.....

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.