

FILED DEC 6 1945 STANDARD CERTIFICATE OF DEATH

36216

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4811

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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
17 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Louis Hill

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased December 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 13
If less than one day hr. min.

9. Birthplace Sheridan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER {
12. Name unknown 9
13. Birthplace " 1
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Medical Records Librarian
(b) Address General Hospital #2

17. (a) Burial (b) Date thereof Nov. 26, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery, K.C.

18. (a) Signature of funeral director Fannie Meeks
(b) Address 1708 W. 18th St., Kansas City, Mo.

19. (a) 11-23-45 (b) M. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1018 Euclid 8
(If rural, give location) No 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1945 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 19, 1945, to November 22, 1945,
that I last saw him alive on November 22, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Due to Hypertensive Heart Disease

Other conditions (Include pregnancy within 3 months of death) 934

Major findings: Of operations
Of autopsy Congestive Heart failure

Duration
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?
No.

While at work? (Specify type of place) 1
(e) Means of injury Mo.
Signature [Signature] (M.D. or other)
Address General Hospital #2 Date signed 11/23/45

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

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 Fannie L. Meek.....

Licensed Embalmer No. 3819.....

P. O. Address Kansas City, 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.