

FILED APR 22 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1699

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:
1230 Highland/
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 5 Months

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. 1230 Highland 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Florence Hill

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased September - 1 - 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>7</u>	<u>7</u>	hr. _____ min.

9. Birthplace Mobile Ala. /
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business _____

12. Name Peter Gamblin

13. Birthplace Miss. /
(City, town, or county) (State or foreign country)

14. Maiden name Hester Smith

15. Birthplace Miss. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roxie Jordan

(b) Address 1230 Highland

17. (a) Burial Burial (b) Date thereof 4/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine ST., Kansas City, Mo.

19. (a) 4-10-46 (b) M. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8 40 A. M.
year 1946 hour 8 minute

21. I hereby certify that I attended the deceased from 4-6, 1946 to 4-8, 1946
that I last saw him alive on 4-8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive type heart disease.
Anterior Sclerosis.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

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 0

23. Signature J. O. Henry (M. D. or other)
Address 2022 E. 15th St. Date signed 4-8-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12078

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 *E. Sterling Bills*
Licensed Embalmer No. 3178
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.