S. No. 2
M—5-43
. 5-17-39
n I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20310

Registration District No. 749 Primary Registration District No. 1001 Registrar's No. 2672

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 No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community 25 yrs.

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. 1412 Tracy 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lucy Forbes Hill
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife James Forbes
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 1, (Day) 1876 (Year)

8. AGE: Years 70 Months 5 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) Texas (State or foreign country) 1
10. Usual occupation none
11. Industry or business
FATHER 12. Name Wallace Winston
13. Birthplace (City, town, or county) Texas (State or foreign country) 1
MOTHER 14. Maiden name Fannie Jackson
15. Birthplace (City, town, or county) Texas (State or foreign country) 1
16. (a) Informant Medical Records Librarian
(b) Address General Hospital No. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem
18. (a) Signature of funeral director Adkins Bros
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 6-17-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13, year 1946 hour 4: minute 45 A. M.
21. I hereby certify that I attended the deceased from June 5, 1946, to June 13, 1946; that I last saw her alive on June 13, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address General Hospital No. 2 Date signed 6/13/46

(Licensed Embalmer's Statement on Reverse Side)

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.....A. T. Moore.....

Licensed Embalmer No.....948.....

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.