

Registration District No. 149 Primary Registration District No. 1002

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: CRESTWOOD CONVALES CENT HOME 3700 TRACY
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4-DAYS (Specify whether
 In this community ABOUT 50 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8904 WOODLAND AVENUE
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. LAURA GARST HILTS
 3. (b) If veteran, name war No 3. (c) Social Security No. NONE
 4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MR. WILLIAM ALLEN HILTS 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased OCTOBER 20 1861
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JUNE day 13TH year 1946 hour _____ minute A.M.
 21. I hereby certify that I attended the deceased from May 16, 1946, to June 13, 1946
 that I last saw hw alive on June 11, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death REN.

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>7</u>	<u>24</u>	<u>23</u> hr. _____ min.

Duration _____
 Due to _____
 Due to _____

9. Birthplace RICHMOND INDIANA
 (City, town, or county) (State or foreign country)
 10. Usual occupation AT HOME

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 131a
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name CORNELIUS' DOWNS
 13. Birthplace INDIANA
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY COFFIELD
 15. Birthplace INDIANA
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. D. A. FAROUHAR
 (b) Address 8904 WOODLAND AVENUE
 17. (a) BURIAL (b) Date thereof JUNE 15 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation FOREST HILL CEMETERY

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 _____

18. (a) Signature of funeral director O. H. Newcomer Sons
 (b) Address 1401 BRUSH CREEK BLDG
 19. (a) 6-15-46 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address 80 + Park Date signed 6/14/46

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

8
3
8

8
3
8

80 A
2-5
V. P. 1928

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..... *Emile M. Calhoun*

Licensed Embalmer No..... *3506*

P. O. Address..... *A C 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.