

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: **General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo.** (Specify whether years, months or days)
In this community **19 years**

3. (a) PRINT FULL NAME **Bessie Hillen**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **486-10-2069**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Morris Hillen** 6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased **June 10, 1903**
(Month) (Day) (Year)

8. AGE: Years **43** Months **8** Days **21** If less than one day hr. min.

9. Birthplace **Arrow Rock, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Wrapper**

11. Industry or business **Schultz Bakery**

MOTHER FATHER { 12. Name **William Adams** 0
13. Birthplace **Arrow Rock, Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Birdie Chase** 0
15. Birthplace **Arrow Rock, Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Morris Hillen**
(b) Address **2645 Lockridge, K.C., Mo.**

17. (a) **Removal** (b) Date thereof **3-4-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arrow Rock, Mo.**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**
(b) Address **Kansas City, Missouri**

19. (a) **3-4-47** (b) **Seraldine 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. **2645 Lockridge** 8
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1**
year **1947** hour **8** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Jan. 29, 1947** to **March 1, 1947**
that I last saw her alive on **March 1, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive cardiovascular disease with cerebral hemorrhage**

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) **93.2**

Major findings: Of operations **See above**
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 _____

23. Signature **Wm W. Hart** (M. D. or other) **MD**
Address **Med. Dir. Gen'l Hosp.** Date signed **3-3-47**

Dr. H. H.
Dr. Keeler

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

C. Dean Cole

working under my personal supervision.

Registered Apprentice No.

408

Signed

Blw. C. Heek

Licensed Embalmer No.

4063

P. O. Address

B. 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.