-1/47
-17-39

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

National Office of Vital Statistics

FILED OCT 11 '47

STANDARD CERTIFICATE OF DEATH

State File No. 31212

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 31212

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. 14 days (Specify whether
In this community 42 years years, months or days)

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. 2324 Holmes 8 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Gill
3. (b) If veteran, name war No
3. (c) Social Security No. 496-07-6557
4. Sex Ma
5. Color or race Wh
6. (a) Single, widowed, married, divorced Sgl
6. (b) Name of husband or wife xx
6. (c) Age of husband or wife if alive xx years
7. Birth date of deceased June (Month) 22 (Day) 1889 (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	3	7	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Cook
11. Industry or business Cafe
FATHER
12. Name John Gill
13. Birthplace Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant Paul Jackson
(b) Address 2324 Holmes
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.
19. (a) 10-2-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1947 hour 8 minute 10 A. M.
21. I hereby certify that I attended the deceased from Aug. 15, 1947 to Sept. 29, 1947; that I last saw him alive on Sept. 29, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of esophagus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 9-30-47

Jefferson City Printing Co. (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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.