No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1947

Registration District No. 49

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34517

Registrar's No. 4484

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)
In this community: 50 Years

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.: 2941 Prospect Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: WILLIAM JEWELL HILL
3. (b) If veteran, name war: No
3. (c) Social Security No.: 487-07-9193

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Margaret Hill
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 4th. (Day) 1887 (Year)

8. AGE: Years 60 | Months 3 | Days 21 | If less than one day: hr. min.

9. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business: Brockett Cement Company
FATHER
12. Name: James M. Hill
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Amanda C. Brooks
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. W. H. Bigger
(b) Address: 2944 Forest Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10 - 28 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Moriah Cemetery
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd, St. Kansas City, Mo.
19. (a) 10-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 25th. year 1947 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from 10-20-47 to 10-25-1947 that I last saw him alive on 10-25-1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Failure	3 days
Due to: Acute yellow atrophy of liver	5 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: as above	

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: Thos. P. McHale M.D. (M. D. or other)
Address: 4620 Indepedence Date signed: 10-27-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1941

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 Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address K. 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.

4620 Lindsay Ave