6. 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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41716

FILED DEC 26 1947

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 5210

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: 823 E 10 st,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 3.5 years
In this community: 3.5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: 823 East 10th st
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: Fred Hill
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: unknown (Month) (Day) (Year)
8. AGE: Years 79 Months Days If less than one day hr. min.
9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Labor
11. Industry or business:
MOTHER FATHER
12. Name: Alfred Hill
13. Birthplace: Mo (City, town, or county) (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Georgia Armstead
(b) Address: 1728 Woodland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln
18. (a) Signature of funeral director: H B Moore
(b) Address: 1820 E 18 st
19. (a) 12-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 1947 hour 2 PM minute M.
21. I hereby certify that I attended the deceased from 7 Dec 47 to Date, 19..; that I last saw h alive on ..., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Hypertensive Heart Disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No-Permit	

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: J Williams (M. D. or other) MR
Address: 5636 Brookley Date signed: 12-10-47

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 H B Moore

Licensed Embalmer No. 2440

P. O. Address 870 E 18 st

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.