No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4802

FILED MAR 13 1948

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 807

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

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: K.C.Gen.Hospital No.1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 50 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. 3427 Brooklyn 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME William Dollarhide
3. (b) If veteran, name war No
3. (c) Social Security No. 49916-1154
4. Sex Male 2
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Russie E. Dollarhide
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased September (Month) 13 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	5	8	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Plasterer
11. Industry or business X

FATHER
12. Name Thomas M. Dollarhide
13. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary McFillian
15. Birthplace Norfolk, Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Russie E. Dollarhide
(b) Address 3427 Brooklyn K. C. 3 Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo
19. (a) 2-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st
year 1948 hour 3:05 A.M. minute M.

21. I hereby certify that I attended the deceased from 2-20-48, 19, to 2-21-48, 19;
that I last saw him alive on 2-21-48, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease with possible coronary occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93

Of autopsy None

Duration

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) X
While at work? (e) Means of injury 0

23. Signature Wm. Wm. Hart K.C. Mo. M.D. or other MD
Address Date signed

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 Chas E. Wilds

Licensed Embalmer No. 2644

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.