

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948
Registration District No. 149

MISSOURI STATE OFFICE OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12626
Registrar's No. 1543

WRITE PLAINLY—USE 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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 717 Harrison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Michael L. Hiltner

3. (b) If veteran, name war no 3. (c) Social Security No. 487-09-6333

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 11, 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 26 If less than one day
hr. min.

9. Birthplace Landeck Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation employee maintenance

11. Industry or business City Hall

12. Name Hiltner

13. Birthplace unknown
(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 Miss Mary E. Hiltner

(b) Address 3935 Harrison

17. (a) cremation (b) Date thereof 4-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-8-48 (b) Waldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1948 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 23, 1948 to April 7, 1948
that I last saw him alive on April 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with metastases

Due to _____

Due to _____

Other conditions 468
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 1

23. Signature W. W. Hart (M. D. or other) Dr.
Address Med. Dir. Gen'l Hosp. Date signed 4-7-48

Dr. Williams

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

9. Birthplace LEANDER (City, town, or county) (State or foreign country)

10. Usual occupation EMPLOYER MAINTENANCE

11. Industry or business CITY HALL

MOTHER FATHER { 12. Name UNKNOWN HILTNER

13. Birthplace UNKNOWN (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 Miss Mary E. Hiltner

(b) Address 2935 Harrison St.

17. (a) CREMATION (b) Date thereof APRIL 9 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK PLYD.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Other conditions 40
(Include pregnancy within 3 months of death)

Major findings: November 21, Carcinoma of stomach
Of operations: _____

Of autopsy Carcinoma of stomach with wide spread metastasis

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) (c) Means of injury _____

23. Signature Joseph E. Williams (M. D. or other)

Address General Hospital Date signed 4-7-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Bernard J. Moran

Licensed Embalmer No.....

4250

P. O. Address.....

AC No.

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.