S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29805

FILED SEP 13 1948

Registration District No. 419

Primary Registration District No. 1002

Registrar's No. 3586

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 8 mos. 12 days (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 613 Main
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Hilton

3. (b) If veteran, name war Do not know

3. (c) Social Security No. Do not know

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Do not know

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 8 1862
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 23 If less than one day hr. min.

9. Birthplace New York 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retire

11. Industry or business

FATHER
12. Name John Hilton
13. Birthplace Europe
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elley Akey
15. Birthplace Europe
(City, town, or county) (State or foreign country)

16. (a) Informant General Hospital
(b) Address K C Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4-48
(Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvey K Ck

18. (a) Signature of funeral director Pasquantino Bros
(b) Address K C Mo

19. (a) 9-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1948 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 19, 1947, to Sept. 1, 1948
that I last saw him alive on Sept. 1, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of larynx	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 47a	
Of autopsy None	

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? ()
(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 9-2-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pryor

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 Francis Walton

Licensed Embalmer No. 2744

P. O. Address KCMO.

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.