

No. 300
M-10-47
v. 5-17-39
I 3906

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36609**
Registrar's No. **4892**

FILED DEC 14 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(c) Name of hospital or institution: **OUR LADY OF MERCY HOME**
(d) Length of stay: In hospital or institution **1 year**
In this community **48 YEARS**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(d) Street No. **918 EAST 7th STREET**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **MRS. Lucy J. H. Hill**
(b) If veteran, name war **No**
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **NOVEMBER** day **28th**
year **1948** hour **11** minute **35 A.M.**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **Louis R. Hill**
6. (c) Age of husband or wife if alive **—** years

21. I hereby certify that I attended the deceased from **Sept 30**, 19**48**, to **Nov 28**, 19**48**, that I last saw her alive on **Nov 27**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Due to **Hypertensive cardio-vascular renal disease**

7. Birth date of deceased **July 28 1868**
(Month) (Day) (Year)

Other conditions **Anemia**
Major findings: **131a**

8. AGE: Years **78 80** Months **4** Days **0**
If less than one day hr. min.

9. Birthplace **Cole Miller County Missouri**
(City, town, or county) (State or foreign country)

12. Name **William Howard**
13. Birthplace **Kentucky**
14. Maiden name **LUCY ANN RUSSELL**
15. Birthplace **NEAR COLE CAMP, MISSOURI**

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **William Howard**

13. Birthplace **Kentucky**

14. Maiden name **LUCY ANN RUSSELL**

15. Birthplace **NEAR COLE CAMP, MISSOURI**

16. Informant **MR CLARENCE E. HILL**

17. (a) Address **5319 HOLMES STREET**

18. (a) **BURIAL** (b) Date thereof **Nov. 30 1948**

(c) Place: burial or cremation **MT. MORIAH CEMETERY**

19. (a) Signature of funeral director **J. H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd**

19. (a) **11-30-48** (b) **Geraldine Holmes**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Joseph W. Parker, Jr.**
While at work (Specify type of place) (c) Means of injury
Address **1915 Argyle Bldg.** Date signed **11/29/48**

copy in city

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 Jess T. Duwo

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
City of St. Louis SS.
County of St. Louis

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 36609
Local Registrar's No. 4892

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3rd day of March, 1948, before me appears Leonard Hill, who, upon oath, states that the original record of ^{birth} death for Lucy J. Hill, ^{died} ~~born~~ Nov. 28, 1948 in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 9 should read Cole Co., Mo.
Instead of _____ Miller Co., Mo.

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) _____ Affiant Leonard Hill Relationship Son

4775 W. PINE ST. LOUIS 8, MO
Present Address.

Subscribed and sworn to before me this 3rd day of March, 1948.

My Commission expires Nov. 19-1950 Catharine M. Kelly Notary Public.

