

FILED DEC 11 1948
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 4826

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
19th & Charlotte in Garage 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 Years
years, months or days

3. (a) PRINT FULL NAME Mr Hubert Melvin HILLIARD

3. (b) If veteran, name war None 3. (c) Social Security No. 487-10-9620

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Hilliard 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased December 3rd 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Mechanic

11. Industry or business Kansas City Power & Light Co

MOTHER FATHER { 12. Name George Hilliard
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

{ 14. Maiden name Emma Davis
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Julia Hilliard

(b) Address 18 West 79th St Terr

17. (a) Burial (b) Date thereof 11-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director France Wornall

(b) Address Kansas City Missouri

19. (a) 11-26-48 (b) Stralaine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 40
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 18 West 79th Street Terr
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25
year 1948 hour 5:45 minute 1 M.

21. I hereby certify that I attended the deceased from Coroner, 19____ to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 43 D
Co

Major findings: Of operations _____

Of autopsy no
History of 9 operations

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? _____

James C. Walker (Specify type of place) 3
While at work? _____ (e) Means of injury _____

23. Signature James Walker (M. D. or other) Coroner
Address 1434 W 7th Date signed 11-25-48

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

FEB 25 1948

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.....

Forest Donald Coldswain Registered Apprentice No. 225
working under my personal supervision.

Signed Russell N. France

Licensed Embalmer No. 4255

P. O. Address K C 2nd

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.