

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 4939  
550

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO. 149  |  | PRIMARY REG. DIST. NO. 1002   |  | Registrar's No.  |  |
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE MISSOURI b. COUNTY JACKSON |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  |  | c. LENGTH OF STAY (in this place) 30 YRS.   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY                                      |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 917 EAST-48TH STREET  |  |   |  | d. STREET ADDRESS (If rural, give location) 917 EAST-48TH STREET  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) HARRY  |  | b. (Middle) WALTER  |  | c. (Last) HILL   |  |
| 4. DATE OF DEATH  |  | (Month) (Day) (Year)  |  | FEB. 5 - 1949   |  |  |  |
| 5. SEX MALE   |  | 6. COLOR OR RACE WHITE  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED  |  | 8. DATE OF BIRTH JULY 6 - 1876   |  |
| 9. AGE (In years last birthday) 72 YRS.   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OPERATOR  |  | 10b. KIND OF BUSINESS OR INDUSTRY STREET CAR  |  | 11. BIRTHPLACE (State or foreign country) MARIONVILLE, MISSOURI                  |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.   |  | 13a. FATHER'S NAME JAMES H. HILL  |  | 13b. MOTHER'S MAIDEN NAME JULIA ANN GARROUETTE  |  | 14. NAME OF HUSBAND OR WIFE unknown  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  |  | 16. SOCIAL SECURITY NO. 487-10-3194   |  | 17. INFORMANT'S SIGNATURE OR NAME Mrs. HARRIETTE HAMILTON   |  | ADDRESS 4026 THE PASSED KANSAS CITY, MO.   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage<br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Hypertension<br>DUE TO (c) Arterio-sclerosis<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>331X |  |   |  | INTEVAL BETWEEN ONSET AND DEATH<br>2 days<br>7 years<br>7 years                  |  |
| 19a. DATE OF OPERATION none   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO.   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? ✓  |  |  |  |
| 22. I hereby certify that I attended the deceased from Feb 3rd, 1949, to Feb 5th, 1949, that I last saw the deceased alive on Feb 4th, 1949, and that death occurred at 12:00 p.m., from the causes and on the date stated above. |  |   |  |   |  |  |  |
| 23a. SIGNATURE Joseph Gefelson (Degree or title) M.D.   |  | 23b. ADDRESS 1219 Rialto Bldg   |  | 23c. DATE SIGNED 2-5-49   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL  |  | 24b. DATE FEB. 7 - 1949   |  | 24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY   |  | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI               |  |
| DATE REC'D BY LOCAL REG. 2-7-49   |  | REGISTRAR'S SIGNATURE Geraldine Holmes  |  | 25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer   |  | ADDRESS 1401 BRUSH CREEK KANSAS CITY, MO.  |  |

(Licensed Embalmers' Statement on Reverse Side)

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

12:30-5:30

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 \_\_\_\_\_  
\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed Edward M. Storey  
Licensed Embalmer No. 4452  
P. O. Address K.C. 4 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.