D. CITY (If outside corporate limits, write RURAL and give township)  TOWN Kansas City  d. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR INSTITUTION 3527 Hardesty  3. NAME OF DECEASED  (Type or Print)  Katheryn Hillard  5. SEX  10. CITY (If outside corporate limits, write RURAL and give township OR TOWN Kansas City  C. CITY (If outside corporate limits, write RURAL and give township OR TOWN Kansas City  TOWN Kansas City  d. STREET (If rural, give location)  ADDRESS  3527 Hardesty  C. CITY (If outside corporate limits, write RURAL and give township OR TOWN  Kansas City  d. STREET (If rural, give location)  4. DATE (Month)  OF DEATHMARCH 13  5. SEX  5. COLOR OR RACE (Month)  Female (Month)  Female (Month)  Negro  Widowed (Month)  Widowed (Month)  Female (Month)  No Dec 27 1888  10. MARRIED, NEVER MARRIED, NEVER MARRIED, NEVER MARRIED, WIDOWED (Bipectly)  Widowed (Month)  Dec 27 1888  11. BIRTHPLACE (State or foreign country)  Emporia, Kansas  14. NAME OF HUSBAND OR WIFE  Marshall Leslie  Alice Ray  No N	
I. PLACE OF DEATH a. COUNTY  Jackson  b. CITY (if outside corporate limits, write RURAL and give OR TOWN Kansas City / STAY (in this place) d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3527 Hardesty  3. NAME OF DECEASED (Type or Print)  Katheryn Hillard  5. SEX  6. COLOR OR RACE Female  Negro  10a. USUAL RESIDENCE (Where decoased lived. If institut a. STATE Missouri b. COUNTY Ja a. STATE Missouri b. COUNTY Ja c. CITY (if outside corporate limits, write RURAL and give township OR TOWN Kansas City d. STREET ADDRESS  3527 Hardesty  c. (Last)  4. DATE (Month) OF DEATHMarch 13 5. SEX  Female  Nogro  10b. Kind of work done during most of working life, even if retired) HOUSEWIFE  Marshall Leslie  13b. MOTHER'S MAIDEN NAME  Marshall Leslie  Alice Ray  Ray Hillard  17. INFORMANT'S SIGNATURE OR NAME  NO NONE  17. INFORMANT'S SIGNATURE OR NAME  17. INFORMANT'S SIGNATURE OR NAME  NO NONE	
a. COUNTY  Jackson  b. CITY (If outside corporate limits, write RURAL and give township) CR TOWN Kansas City / 25 yrs.  d. FULL NAME OF (If not in hospital or inatitution, give street address or location) HOSPITAL OR (INSTITUTION 3527 Hardesty  3. NAME OF DECEASED (Type or Print)  Katheryn Hillard  5. SEX  Negro  Negro  Negro  No. Kind OF BUSINESS OR INDUSTRY  Jackson  a. STATE Missouri b. COUNTY Jackson C. CITY (If outside corporate limits, write RURAL and give township OR TOWN Kansas City  d. STREET (If rural, give location) ADDRESS  3527 Hardesty  d. STREET (If rural, give location)  ADDRESS  3527 Hardesty  J. Married New Married  DECEASED  Negro  Negro  No. Kind Of Business OR INDUSTRY  Female Negro  No. Kind Of Business OR INDUSTRY  Last by thickey) Months  Dec. 27, 1888  Alice Ray  Ray Hillard  NO. KINFORMANT'S SIGNATURE OR NAME  NO. No. No. No. Informant'S SIGNATURE OR NAME  No. J. H. Leslie 821 E. 10th	
a. COUNTY  Jackson  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  Jackson  C. LENGTH OF STAY (in this place) OR TOWN Kansas City  Jackson  C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  Jackson  C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  Jackson  C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  Jackson  C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  Jackson  Jackson  C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  Jackson  Jackson  L. CITY (If outside corporate limits, write RURAL and give township) OR TOWN  Kansas City  J. Marke OF (If not in bospital or institution, give street address or location)  Jackson  Jackson	tion: residence bef
b. CITY (If outside corporate limits, write RURAL and give township)  OR  TOWN  Kansas City  d. FULL NAME OF (If not in bospital or institution, give street address or location) INSTITUTION  3527 Hardesty  d. STREET HOSPITAL OR INSTITUTION  3527 Hardesty  b. (Middle)  C. (Last)  d. STREET ADDRESS  3527 Hardesty  d. STREET ADDRESS  3527 Hardesty  d. STREET ADDRESS  6. COLOR OR RACE Type or Print)  Katheryn Hillard  5. SEX  6. COLOR OR RACE NIDOWED, DIVORCED (Specify) Widowed  Widowed  Dec. 27, 1888  Marshall Leslie  13b. Mother's Maiden NAME  Marshall Leslie  Alice Ray  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	ckson.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If not in hospital or institution, give street address or location) HOSPITAL OR (If not in hospital or institution, give street address or location)  3527 Hardesty  D. (Middle)  C. (Last)  ADRESS  3527 Hardesty  DEATHMarch 13  SEX  SEX  C. (Last)  C. (Last)  ADATE (Month) (OF DEATHMARCH OF DEATH	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3527 Hardesty  3. NAME OF DECEASED (Type or Print)  Katheryn Hillard  5. SEX  Negro  Negro  WIDOWED, DIVORCED (Byocify) HOUSeWife or verking life, even if retired) HOUSeWife HOUSeWife  13b. MOTHER'S MAIDEN NAME  Marshall Leslie  Marshall	<u>ئ</u> و
3. NAME OF DECEASED (Type or Print)  S. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MIDOWED, DIVORCED (Byacily)   WIDOWED, DIVORCED (Byacily)   Dec. 27, 1888	U
3. NAME OF DECEASED (Type or Print)  Katheryn Hillard  5. SEX  6. COLOR OR RACE  Negro  Widowed 7  Widowed 9  Widowed 13  Widowed 9  Widowed 9  Widowed 13  Widowed 9  Widowed 13  Widowed 9  Widowed 13  Widowed 9  Widowed	
(Type or Print) Katheryn Hillard  5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   Dec. 27, 1888   Dec. 27	(Day) (Year)
Female Negro  Ne	. 1949
Female // Negro   Widowed // Dec. 27, 1888   // Discretization (Give kind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR IN-DUSTRY   11. BIRTHPLACE (State or foreign equatory)   12. Emporia, Kansas   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   Marshall Leslie   Alice Ray   Ray Hillard   Ray Hillard   15. WAS DECEASED EVER IN U.S. ARMED FORCES? (6e. no. or unknown)   (If yee, give war or dates of service)   16. SOCIAL SECURITY   NO. NO.   NO.	EAR   OF CHOSER 24 HIS
OB. USUAL OCCUPATION (Givekind of work does during most of working life, even if retired)  HOUSEWIFE  Ba. FATHER'S NAME  Marshall Leslie  S. WAS DECEASED EVER IN U.S. ARMED FORCES?  NO.  NO.  10b. KIND OF BUSINESS OR INT. DUSTRY  EMPORIA, Kansas  12c. Manual Interval Inter	Hours Min
Housewife Emporia, Kansas /  3a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE  Marshall Leslie Alice Ray Ray Hillard  S. WAS DECEASED EVER IN U.S. ARMED FORCES? NO.	CITIZEN OF WHA
Marshall Leslie  S. WAS DECEASED EVER IN U.S. ARMED FORCES?  S. WAS DECEASED EVER IN U.S. ARMED FORCES?  NO.  NO.  NO.  13b. MOTHER'S MAIDEN NAME  Alice Ray  Ray Hillard  Ray Hillard  15. SOCIAL SECURITY  NO.  NO.  NO.  NO.  NO.  NO.  Leslie  821 E. 10th	COUNTRY? USA
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME NO. NO. NO. INFORMANT'S SIGNATURE OR NAME NO. J. H. Leslie 821 E. 10th	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME NO. NO. NO. INFORMANT'S SIGNATURE OR NAME NO. J. H. Leslie 821 E. 10th	
No   None o J. H. Leslie 821 E. 10th	ADDRESS
	St.
R CAUSE OF DEATH MEDICAL CERTIFICATION	INTERVAL BETWEE
Enter only one cause per in DIRECTLY LEADING TO DEATH*(a)	ONSEL AND DEATH
ANTECEDENT CAUSES	
This does not mean	
a heart failure, asthenia, rise to the above cause (a) stating	
c. It means the dis- pre, injury, or complica-	
ion which caused death. II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
	D. AUTOPSY?
TION DHISTORY THISTORY	YES NO [
18. ACCIDENT (Specify) / 21b. PLACE OF INJURY (s.g., in or about SUICIDE ) (Specify) / 21b. PLACE OF INJURY (s.g., in or about SUICIDE ) (Specify) / 21b. PLACE OF INJURY (s.g., in or about SUICIDE ) (COUNTY)	(STATE)
HOMICIDE ////////////////////////////////////	
IId. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
INJURY WORK NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from, 19, to, 19, that I last s	aw the decease
alive on, 19, and that death occurred at m., from the causes and on the date stated of	
	3c. DATE SIGNED
SULLIA OH CANALON ON MANY LOBGERALA BLOW	3-12-4
24d. BUB I AL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)	(State)
Durish 3/18/49 Dishland Cemetry Tansas City, or	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   25. FUNERAL D'RECTOR'S SI GNATURE ADDE	70.
3-17-48 Sendling Holmer Wathing From. 1729	7 <i>a.</i> IE <b>\$5</b>
(Licensed Embalmer's Statement on Reverse Side)	Pa.

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		
***************************************		
working under my personal supervision.		
	Signed	
SignedStudent Embaimer	Licensed Embalmer 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.

P. O. Address\_\_\_\_