

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4881
State File No. 553

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City Kans. township)		c. CITY (If outside corporate limits, write RURAL and give township) 8150 OR TOWN 1121 So 36th St., K. C. Kans	
c. LENGTH OF STAY (in this place) Unk		d. STREET ADDRESS (If rural, give location) 1121 So 36th St., Kansas City, Kan	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4700 Blk on Truman Rd.,			

3. NAME OF DECEASED (Type or Print)	a. (First) Elmore	b. (Middle) Calvin	c. (Last) Hill	4. DATE OF DEATH (Month) (Day) (Year) 2/4/50
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5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/11/14	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Bailey Trans. Co., Wyandotte Co. Kans	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Calvin Hill	13b. MOTHER'S MAIDEN NAME Edna Whitel	14. NAME OF HUSBAND OR WIFE Marjorie Hill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes: World War II	16. SOCIAL SECURITY NO. 514-05-6394	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Crowner's Office K.C. Mo</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>fractured neck</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>auto hit a tree</i>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>E 8194</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <i>4721 1/2 Street</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Kansas City Jackson MO</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>3-4-50-4: A</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Auto Trauma 123</i>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Hugh W. Owens</i>	(Degree or title)	23b. ADDRESS <i>1034 Reuther Bldg</i>	23c. DATE SIGNED <i>2-4-50</i>
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION <i>Burial</i>	24b. DATE <i>2/6/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chapel Hill Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Kansas City, Kans.</i>
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DATE REC'D BY LOCAL REG. <i>2-6-50</i>	REGISTRAR'S SIGNATURE <i>Maldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John P. Shier K.C. Mo</i>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student.....
Student Embalmer

Signed *John P. Shield*.....

Licensed Embalmer No. *3625*.....

P. O. Address *156 Md.*.....

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.