

FILED JUN 3 1950

STANDARD CERTIFICATE OF DEATH

16780

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2278

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (In this place) <u>54 YEARS</u> | | d. STREET ADDRESS (If rural, give location) <u>3601 LISTER AVENUE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u> | | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>AMELIA</u> b. (Middle) <u>HOLLANDA B.</u> c. (Last) <u>HILLSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-18-1950</u> | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | |
| 8. DATE OF BIRTH <u>APRIL 24, 1889</u> | | 9. AGE (In years last birthday) <u>61 YRS</u> | | 10. UNDER 1 YEAR Days _____ 11. UNDER 1 MRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (State or foreign country) <u>WEST PLAINS, MISSOURI</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>AUGUST RODE</u> | | 13b. MOTHER'S MAIDEN NAME <u>KATHARINE BEREND</u> | | 14. NAME OF HUSBAND OR WIFE <u>GEORGE M. HILLSON</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>George Hillson</u> ADDRESS <u>2442 Cypress</u> | |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>intestinal obstruction</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>4</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Umbilical Hernia strangulated</u> | | DUE TO (c) _____ | | | <u>years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Diabetes Mellitus</u> | | | | | <u>561</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | | | | |
|---|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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 5-14, 1950 to 5-18, 1950 that I last saw the deceased alive on 5-18, 1950 and that death occurred at 9:57 P.m., from the causes and on the date stated above.

| | | | | | |
|---|--|----------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>R.S. Long M.D.</u> | | 23b. ADDRESS <u>4800 E. 24th</u> | | 23c. DATE SIGNED <u>6-20-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>MAY 22, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | | | | | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>5-20-50</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Newcomer</u> ADDRESS <u>1331 Brush Creek</u> | |
|---|--|---|--|---|--|

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

Office of Dr. Long
4800 E. 24th
Tel 5 P.M.

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.....
Student Embalmer

Student Embalmer No.....

Signed *Robert Ray*

Licensed Embalmer No. *4182*

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.