

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31669

State File No. \_\_\_\_\_

4071

FILED SEP 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar's No. \_\_\_\_\_

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) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hickman Mills</u>	
c. LENGTH OF STAY (In this place) <u>32 days</u>		d. STREET ADDRESS (If rural, give location) <u>93rd + Agnes Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>J.</u> c. (Last) <u>Hilz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 23, 1877</u>	9. AGE (In years last birthday) <u>74</u> If under 1 year: Months _____ Days _____ If under 1 mo.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UPHOLSTERER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>MATIAS HILZ</u>	13b. MOTHER'S MAIDEN NAME <u>THERESA UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. ALVINA MARIE HILZ</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-01-4093</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MR. ALVINA MARIE HILZ</u>	ADDRESS <u>9301 AGNES AVE HICKMAN MILLS, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 11, 1952 to Sept 13, 1952, that I last saw the deceased alive on Sept 13, 1952, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Bennett MD</u> (Degree or title)	23b. ADDRESS <u>Prof Bldg KC MO</u>	23c. DATE SIGNED <u>Sept 15 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT-16-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>9-15-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Weaver's Sons</u>	ADDRESS <u>1331 Bausch Carey Kansas City, Mo</u>
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WRITE PLAINLY—USING UNFADING 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 R. Sidman  
Licensed Embalmer No. 45-31  
P. O. Address Kansas City, 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.