

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38724

State File No. 5022

5. No. 300
10. 48

FILED DEC 6 1952

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 admission). 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) 38 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wheatley Provident			d. STREET ADDRESS (If rural, give location) 2624 Olive		

3398

3. NAME OF DECEASED (Type or Print) a. (First) Minnie Hill			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1952		
5. SEX 3 Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 25, 1894		9. AGE (In years last birthday) 58		IF ORDER IN YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Culpeper, Virginia			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Burgus Green			13b. MOTHER'S MAIDEN NAME Sallie Bett			14. NAME OF HUSBAND OR WIFE William Hill					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No			17. INFORMANT'S SIGNATURE OR NAME Ella Merritt			ADDRESS 2624 Olive		

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RENAL FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC GLOMERULO-NEPHRITIS</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>APPL. 8 WKS</u> <u>592h</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 11-7, 1952, to 11-14, 1952, that I last saw the deceased alive on 11-14, 1952, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. B. Peterson M.D.			23b. ADDRESS 2462-A Brooklyn			23c. DATE SIGNED 11-15-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/17/52		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		

DATE REC'D BY LOCAL REG. 11-17-52		REGISTRAR'S SIGNATURE Geraldine Smith Watkins			25. FUNERAL DIRECTOR'S SIGNATURE Bessie Benton			ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

Bruce L. Watkins

Licensed Embalmer No. _____

4500

P. O. Address _____

18th & Benton

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.