

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

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| BIRTH NO. <u>FILED APR 2 1954</u> REG. DIST. NO. <u>146</u> | | PRIMARY REG. DIST. NO. <u>3026</u> Registrar's No. <u>114</u> | |
| 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>Independence</u> | | c. LENGTH OF STAY (In this place) <u>50 Yrs.</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> | | d. STREET ADDRESS (If rural, give location) <u>3028 Shepley Road</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3028 Shepley Road</u> | | d. STREET ADDRESS (If rural, give location) <u>3028 Shepley Road</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>Bernice</u> c. (Last) <u>Kilmer</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1954</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>27 Sept. 1866</u> |
| 9. AGE (In years last birthday) <u>87</u> | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. 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>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Holt County, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>John W. Harding</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Caroline Walker</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hahn T. Kilmer</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G. W. Kilmer 4223 College K. C. Mo.</u> |
| 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>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis, general, chronic</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Cerebrovascular accident (stroke) 4 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | |
| 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) m. | | 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 <u>Jan 5, 1954</u> , to <u>March 25, 1954</u> , that I last saw the deceased alive on <u>March 23, 1954</u> , and that death occurred at <u>6:20 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>W. H. Hillman</u> | | 23b. ADDRESS <u>North Bond Bldg Independence, Mo</u> | |
| 23c. DATE SIGNED <u>3/26/54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>27 March 54</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>3-27-54</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>354</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Floral Hills Memorial Chapels K.C. Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Richardson

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

Lloyd C. McLeod

Licensed Embalmer No. 4853

P. O. Address 711 E. 7th

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.