

FILED JUN 7 1943
Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
800 West 52nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert Ross Hill
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Vassie James Ward Hill 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased October 4 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>2</u>	hr. min.

9. Birthplace Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business X

MOTHER FATHER

12. Name Daniel Hill
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Esther Davison
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vassie James Ward Hill
(b) Address 800 West 52nd St., K. C., Mo.

17. (a) Removal (b) Date thereof 5-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia, Missouri

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-7-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 800 West 52nd Street
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1943 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from 1939
1939 to May 6 1943
that I last saw him alive on May 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hyphoid etc Pneumonia 3 days
Parkinsonian Syndrome 4 hrs
Due to 87c

Duration

PHYSICIAN

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at Chadore Anderson (Specify type of place) (e) Means of injury
23. Signature Chadore Anderson (M. D. or other)
Address 723 W 45th Date signed 5-7-43

SEP 13 1943

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Blair Sappard*
Licensed Embalmer No. *4179*
P. O. Address *K. C. 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.