

S. No. 2  
M-5-42  
7-5-17-39  
VI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 19 1942  
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4051

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(d) Length of stay: In hospital or institution 1 Mo. & 19 days  
In this community 14 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3720 Main St.  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME John Hill  
(b) If veteran, name war No  
(c) Social Security No. 493-12-0127

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 28th year 1942 hour 8 minute 20 P. M.

4. Sex male  
5. Color or race W  
6. (a) Single, widowed, married, divorced, Single  
6. (c) Age of husband or wife if alive 1876

21. I hereby certify that I attended the deceased from 9-10-42 to 10-28-42  
that I last saw him alive on 10-28-42  
and that death occurred on the date and hour stated above.

7. Birth date of deceased June 22 1876  
8. AGE: Years 66 Months 4 Days 6

Immediate cause of death CARCINOMA OF TONGUE WITH METASTASES

9. Birthplace North Carolina  
10. Usual occupation Barber

Due to 45 B  
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business  
12. Name William J. Hill  
13. Birthplace No. Car. 1  
14. Maiden name Mary McPherson  
15. Birthplace No. Car.

Major findings: Of operations  
Of autopsy None

16. (a) Informant Mary McPherson  
(b) Address 3720 Main

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial, cremation, or removal  
(b) Date thereof Nov 2-42  
(c) Place: burial or cremation Floral Hills  
18. (a) Signature of funeral director  
(b) Address  
19. (a) Date received local registrar 11-2-42 (b) Registrar's signature M. M. Grow

23. Signature Drury R. Thom (M. D. or other) Med. Dir. V.C. Gen. Hospital  
Address Date signed

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**