

S. No. 2
 OM-2-43
 v. 5-17-39
 I X35897

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAR 27 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9458**
 Registrar's No. **1194**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: General Hospital #2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 hrs.
(Specify whether years, months or days)
 In this community 9 Months

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 2008 Bales **8**
(If rural, give location)
 (e) Citizen of foreign country? No **0**
(Yes or No)
 If yes, name country.....

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John Hill 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased January 1, 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>2</u>	<u>8</u>	hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER
 12. Name Pete Fulbright
 13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)
 14. Maiden name Molly
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Medical Records Librarian
 (b) Address General Hospital #2

17. (a) Removal (b) Date thereof 3/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Idabelle, Okla.

18. (a) Signature of funeral director William J. [Signature]
 (b) Address 1729 [Address]

19. (a) 3-11-46 (b) Sealdine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9, year 1946 hour 4: minute 00 A. M.
 21. I hereby certify that I attended the deceased from March 8, 1946 to March 9, 1946; that I last saw her alive on March 9, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
 Due to Chronic Nephro-sclerosis

Due to Hypertensive Type Heart Disease
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1312
 Of autopsy.....
PHYSICIAN
 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 work? (Specify type of place)
 Means of injury 0
 23. Signature [Signature] (M. D. onceter)
 Address General Hospital #2 Date signed 3/9/46

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

2384

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.....

Laurence A. Jones
working under my personal supervision.

....., Registered Apprentice No. *378*

Signed *J. Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.