

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

13639

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100
 (c) City Kansas City, Mo. (d) Street No. 3235 Morrell Registered No. 1619
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Preston Albert Hilderbran 436

(a) Residence, No. 3235 Morrell St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Hilderbran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	3	27	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Samuel Hilderbran

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Margaret Scanlin

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT Mrs. Nora Hilderbran
(ADDRESS) 3235 Morrell, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Apr. 18-38

19. FUNERAL DIRECTOR C. H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED Apr 16 38 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938, to April 14, 1938
 last saw ~~her~~ alive on April 14, 1938. Death is said to have occurred on the date stated above, at 7:30 m. AM

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Cerebral Arterio Sclerosis

J. L. Lawrence, M.D.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. L. Lawrence, M.D.
 (Address) 504 Commerce Bldg. K.C. Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)