

DEC 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39617

Do not use this space.

- 59
1. PLACE OF DEATH
- (a) County Lafayette Registration District No. 457
(b) Township Freedom Primary Registration District No. 3621B
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Mrs Anna Hildebrand
(a) Residence, No. Concordia 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
- 5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND or (OR) WIFE OF Wm Hildebrand
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10-1884
- | 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
|--------|-----------|----------|----------|--|
| | <u>54</u> | <u>9</u> | <u>4</u> | |
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) 1938 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Mo
- FATHER
13. NAME Wm Brockman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Mo
- MOTHER
15. MAIDEN NAME Anna Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Mo
17. INFORMANT (ADDRESS) Mrs Hildebrand Concordia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Pauls Cemetery DATE 11/16 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Franking & Heigh Concordia Mo
20. FILED Nov 15 1938 Berdinand Shryman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/14 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1938, to Nov 14 1938
I last saw her alive on Nov 12 1938. Death is said to have occurred on the date stated above, at 4-A m.
The principal cause of death and related causes of importance were as follows:
Heart Failure
Date of onset
- Other contributory causes of importance:
Mitral Regurgitation
- Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes
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? No
If so, specify
(Signed) Berdinand Shryman M. D.
(Address) Concordia Mo
- 412

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/5/38

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 Frederick & Vogt
Licensed Embalmer No. (1959) (1511)
P. O. Address Concordia, 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, above space should be left blank.