REC JAN 1 3 1939

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

43958
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway
Registration District No. 625
(b) Township
Primary Registration District No. 3031
Registered No. 134
(c) City Maryville
(d) Street No. 114 W. Lincoln 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 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 59 yrs. mos. ds.

74
9
2

2. PRINT FULL NAME 425 Charles W. Hilsenbeck
(a) Residence, No. 114 W. Lincoln St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Alice Hilsenbeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	72	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) Stuttgart, Germany

FATHER
13. NAME Joseph Hilsenbeck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Catharine Baker
(ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miriam Cemetery DATE 12-27-38, 19

19. FUNERAL DIRECTOR (NAME) Price Funeral Home
(ADDRESS) Maryville, Mo

20. FILED 12-27, 1938 Mamie E. Clardy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1938, to Dec 24th, 1938
I last saw h. alive on Dec 24th, 1938. Death is said to have occurred on the date stated above, at 7:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	

Other contributory causes of importance:
Carcinoma G.I. tract
Ca. of the intestines
Stomach -

Name of operation none Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? No

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) L. L. Dean, M. D.
(Address) Maryville Mo

(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.

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

X14028

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, ...

Clun M. Price, or by .....,

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

Signed Clun M Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.