

Registration District No. 124 Primary Registration District No. 3009 Registrar's No. 234

1. PLACE OF DEATH:
(a) County Cape Girardeau Mo
(b) City or town _____
(c) Name of hospital or institution: St Francis Hospital
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME HAROLD C HILDRETH JR
3. (b) If veteran, name war _____
3. (c) Social Security No. (330-18-0334)

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced 5
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUG 22 1911
(Month) (Day) (Year)

8. AGE: Years 28 Months 8 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Portageville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Trucker

11. Industry or business _____
MOTHER FATHER { 12. Name Frank Hildreth
13. Birthplace Leptonville Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Laura Bellow
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bable Wood
(b) Address Portageville Mo

17. (a) Removal (b) Date thereof 7 6 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo
18. (a) Signature of funeral director Dr. Paul James Neal
(b) Address Portageville Mo

19. (a) 7-6-40 (b) J.M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town Portageville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 521 P
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1940 hour _____ minute 30 P. M.
21. I hereby certify that I attended the deceased from July 4
1940 to July 6 1940
that I last saw him alive on July 6
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull Duration 2 day
Due to Auto accident
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Auto accident
(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) (e) Means of injury _____

23. Signature H. B. E. Wood (M. D. or other) _____
Address Cape Girardeau Mo Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

REV. 8-17-39 I 18131

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

210 m
9

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD-CERTIFICATE OF DEATH

State File No. 21398
Registrar's No. 232

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 125

Primary Registration District No. 3009

R

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

1. PLACE OF DEATH:

(a) County... Cape Girardeau

(b) City or town... Cape
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution.....
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME Harold C Hildebreth

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 28 Months 8 Days 14 If less than one day..... h..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits write "RURAL")

(d) Street No..... (If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19..... that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Fracture skull

Due to auto accident

Due to Pedestrian

Other conditions..... (Include pregnancy within 3 months of death) 210 m
21

Major findings: Of operations.....

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) Fell from road while running

(b) Date of occurrence July 4, 1940

(c) Where did injury occur? near Postageville Mo
(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)

23. Signature D. B. Elrod (M. D. or other)

Address Cape Girardeau Mo Date signed.....

SUPPLEMENTARY

