S. No. 2
1—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20782

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2312

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: K.C.General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 800 Forest (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mayme Hilsabeck

3. (b) If veteran, name war ******

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Hilsabeck

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April (Month) 17 (Day) 1883 (Year)

8. AGE: Years 58 Months 1 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edward Stanley
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Pond
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant John H. Hilsabeck

(b) Address 800 Forest St. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 17 (Day) 41 (Year)

(c) Place: burial or cremation Mount Moriah

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place; K.C.Mo.

19. (a) 6/17/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1941 hour 8 minute 19 A.M. M.

21. I hereby certify that I attended the deceased from 6-10-41, 19__, to 6-15-41, 19__; that I last saw her alive on 6-15-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Aortic stenosis, pulmonary congestion and edema; atelectasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dorcey R. Thorn (M.D. or other) 6-16-41

Address Med. Dir. K.C.Gen.Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Place

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.