

0. 2  
-4-41  
17-39  
X26390

DIED JUL 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22943  
Registrar's No. 16

Registration District No. 861

Primary Registration District No. 6132

1. PLACE OF DEATH:

(a) County Janey  
(b) City or town Rural Janey, Mo.  
(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 59 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Janey  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Hilbes  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 3  
year 1941 hour 10 minute 25 P.M.  
21. I hereby certify that I attended the deceased from 1938 to July 2nd 1941  
that I last saw him alive on July 2nd 1941  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife Martha Hilbes  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Dec 25 1856  
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis  
Due to General arteriosclerosis  
Due to \_\_\_\_\_

8. AGE: Years 84 Months 6 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions Cerebral Hemorrhage  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN J. M. Thompson  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry C. Hilbes  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Ellen Hilbes  
(b) Address Jarvis, Mo.

17. (a) Burial (b) Date thereof 7 6 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dickens

18. (a) Signature of funeral director H. B. Evans  
(b) Address Jarvis, Mo.

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

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?  
While at work \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Signature J. M. Thompson (M.D. or other) \_\_\_\_\_  
Address Jarvis, Mo. Date signed 7-8-41

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

RECEIVED

District Health Officer No. 6,

District File Number 74-1-1250

Date Filed JUL 17 1944

*Philip*

*PB*

**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, fact should be so stated above.**