

FILLED NOV 4 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34730

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 291

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

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution hospital 3 days (Specify whether)
In this community 17 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 214-E-Cedar (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lura B. Hidlebaugh

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

Fe 1

5. Color or race Wh

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

6. (b) Name of husband or wife

George

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Aug 19 1866 (Month) (Day) (Year)

8. AGE:

Years 75 Months 1 Days 25 If less than one day hr. min.

9. Birthplace

Henrick County Ill. 1 (City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

At Home

MOTHER FATHER { 12. Name

Willie Johnson

13. Birthplace

Henrick County Ill. 1 (City, town, or county) (State or foreign country)

14. Maiden name

Ann Cappigiano

15. Birthplace

Henrick County Ill. 1 (City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Minnie Engelhardt

(b) Address

Cedar City, Mo

17. (a) Funeral

(b) Date thereof Oct 12-1941 (Month) (Day) (Year)

(c) Place: burial or cremation

Funerary

18. (a) Signature of funeral director

Danner Sewine

(b) Address

7009 Fulton

19. (a) Oct 11-1941

(b) Norma Dickster (Registrar's signature)

(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 4 hour 15 minute A. M.

21. I hereby certify that I attended the deceased from _____, 1938 to 10/10/41, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Haemorrhage Duration _____

Due to hypertension

Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death)

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) _____
(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 W. H. Carnahan (M. D. _____)
Address Jefferson City, Mo. Date signed 10/11/41

A. Rembo

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.....

L. H. Anderson

Licensed Embalmer No. *3641*

P. O. Address..... *245 City 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, fact should be so stated above.