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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41107
Registrar's No. 4788

JAN 24 1941

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson Co.
(b) City or town Kansas City, MO.
(c) Name of hospital or institution: Wesley Hospital Ass'n
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution three days
In this community 3 days
years, months or days

3. (a) PRINT FULL NAME William Daniel Hileman
(b) If veteran, name war no
(c) Social Security No. no

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 29 1918
(Month) (Day) (Year)

8. AGE: Years 23 Months 3 Days 25
If less than one day hr. min.

9. Birthplace Hardin, Mo., Ray Co. (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business
12. Name Harvey McKemy Hileman
13. Birthplace Rock Bridge Co., Va. (City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Hayden
15. Birthplace Hardin, Mo., Ray Co. (City, town, or county) (State or foreign country)

16. (a) Informant Mother Mrs. H. Hileman
(b) Address Hardin, Mo.

17. (a) Burial (b) Date thereof 12-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hardin, Mo.

18. (a) Signature of funeral director John M. Sumpshel
(b) Address Hardin, Mo.

19. (a) 12/23/41 (b) M. H. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Hardin, MO
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 23
year 1941 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 23, 1941, to Dec. 23, 1941;
that I last saw him alive on Dec. 23, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombo-
phlebitis of left intra-
cranial sinus
Due to Tooth extraction, upper left
molar.
Due to Diabetes

Duration
Diabetes
10 years.
Tooth
extracted
11 days ago.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

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) no
(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 J. G. Mackey M.D.
Address 3719 Bond. K.C. Mo. Date signed 12/23/41

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.