

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5774

State File No.

Registrar's No. 28

Registration District No. 1926

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Ida Hildebrand

3. (b) If veteran, name war None 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 Martin Hildebrand 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January 8, 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John W. Vancil

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 Martin Hildebrand

(b) Address Benton City, Mo.

17. (a) Burial (b) Date thereof Feb. 8, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director Paul T. Pruitt
(b) Address Mexico, Mo.

19. (a) 2-8-1942 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Benton City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6th year 1942 hour 1:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to Feb 6, 1942
that I last saw her alive on Feb 6 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Chronic Arthritis
Chronic Hypocarditis

Due to General Arteriosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy no

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) Means of injury _____
23. Signature McPrashier (M. D. or other) MD.
Address Mexico, Mo Date signed 2/6/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-42-384

Date Filed MAR 11 1942

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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.