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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21899

Registration District No. 625 — Primary Registration District No. 3031 — Registrar's No. 86

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1021 E. Thompson 1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 53 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 74

(a) State Mo. (b) County Nodaway.

(c) City or town Maryville. 9
(If outside city or town limits write "RURAL")

(d) Street No. 1021 East Thompson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FLORENCE AUGUSTINE HILDRETH.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Benjamin F. Hildreth

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

7. Birth date of deceased Oct. (Month) 15 (Day) 1854. (Year)

8. AGE: Years 87 | Months 8 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Indianola (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Alexander Cummins.
13. Birthplace Vermillion Co. (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth ~~Hill~~ Whisacker
15. Birthplace Danville (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Cynthia Saxton.
(b) Address Maryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) June 20, 1942 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1942 hour 1 minute 30 p. M.

21. I hereby certify that I attended the deceased from Mar 14th, 1942 to June 18, 1942 that I last saw her alive on June 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure following Broncho Pneumonia

Due to Chronic Myocarditis

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

Of autopsy

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 L E Dyan (M. D. or other) MD
Address Maryville Mo Date signed 6-19-42

1240 (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 John W. Price

Licensed Embalmer No. 4281.

P. O. Address Maryville 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, above space should be left blank.