

FILED OCT 14 1942
Registration District No. 51

Primary Registration District No. 5181

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Cape Girardeau
near Hilderbrand, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 1/2 mile north East Hilderbrand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town _____
(If outside city or town limits, write "RURAL") Rural

(d) Street No. 1 1/2 mile north East Hilderbrand
(If rural, give location)

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

3. (a) PRINT FULL NAME Elam L. Hilderbrand

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1942 hour 7 minute 4 A. M.

21. I hereby certify that I attended the deceased from April - 1942
Time of death 1942 to 1942
that I last saw h. (vital) alive on 9/5/42
and that death occurred on the date and hour stated above. 1942

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 Jan. 27 1861
(Month) (Day) (Year)

Immediate cause of death _____
Myocardial Failure Duration 5 mo.

Due to Arteriosclerosis

Due to Myocardial incompetency & stenosis

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

81 7 26 hr. _____ min.

9. Birthplace near Hilderbrand Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

MOTHER FATHER

11. Industry or business _____

12. Name Daniel Hilderbrand

13. Birthplace Cape Girardeau Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Postern

15. Birthplace Waynes Co. Mo.
(City, town, or county) (State or foreign country)

Major findings: 932

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mrs. Anna Postern

(b) Address 1115 Bloomfield, Cape Girardeau

17. (a) Burial (b) Date thereof 9-24-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sargeant Chapel

18. (a) Signature of funeral director M. C. Terrell

(b) Address Garbo, Mo.

19. (a) 4-24-42 (b) G. J. Schoen
(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? _____
(Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature M. Hiedman (M. D. or other) MD.

Address Perryville Mo Date signed 9/21/42

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 4
District File Number 1042-1259
Date Filed 10-13-42

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.....

Gene C. Cracraft....., Registered Apprentice No. 300
working under my personal supervision.

Signed Lynnan Steele.....

Licensed Embalmer No. 2476.....

P. O. Address Jackson 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.