

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 9 1942

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. \_\_\_\_\_

48  
3  
8

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution **7212 Summit /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XX** (Specify whether years, months or days)

In this community **5 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **7212 Summit**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs. Cora N. Hilsabeck**

3. (b) If veteran, name war **XX**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **21st**

year **1942** hour **11** minute **45 P.M.**

4. Sex **Fe** 5. Color or race **Wh**

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

6. (b) Name of husband or wife **William Hilsabeck**

6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **May 2 1873**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 1** 19**42**, to **10-21-** 19**42**

that I last saw her alive on **10-21-** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years **69** Months **5** Days **19**

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to **Pneumonia Bronchus** **42da**

Due to **Arteriosclerosis** **2:da**

Other conditions **Arteriosclerosis** **10/25**  
(Include pregnancy within 3 months of death)

9. Birthplace **Hartville Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

Major findings: Of operations **none 101**

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **James Newton**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Celia Basley**

15. Birthplace **No Record**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ray S. McDonald**

(b) Address **7212 Summit**

17. (a) **Removal** (b) Date thereof **10-22-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mtn. Grove, Mo.**

18. (a) Signature of funeral director **J. W. Wagner**  
**Kansas City, Mo.**

(b) Address \_\_\_\_\_

19. (a) **10-22-42** (b) **M. M. Brown**  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature **J. G. Potter** (M. D. or other) \_\_\_\_\_

Address **7212 Summit** Date signed **10/22/42**

724 Oak St  
V1 - 7321  
6904 Valley Rd.

---

---

**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 Cecil R. Matthes.....

Licensed Embalmer No. 3807.....

P. O. Address Kansas 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.**