S. No. 2
M—9-4-41
v. 5-17-39
I X29484

27
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33558

Filed NOV 4 1942

Registration District No. 218 Primary Registration District No. 3017 Registrar's No. 118

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. C. H. VanRavenswaay Clinic 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 hour (Specify whether years, months or days)
In this community: 1 hour

2. USUAL RESIDENCE OF DECEASED: Morgan 71
(a) State: Missouri (b) County: ~~Cooper~~ 0
(c) City or town: Versallies 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D #1 — Rural-
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country: — /

3. (a) PRINT FULL NAME: James Robert Hilderbrand
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White 0
6. (a) Single, married, widowed, divorced: Child 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Aug. 31, 1941 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
1	1	6	hr. min.

9. Birthplace: Versallies, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation:
11. Industry or business:
MOTHER FATHER
12. Name: Joseph Hilderbrand
13. Birthplace: Morgan County, Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mable A. Ensminger
15. Birthplace: Morgan County, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Joseph Hilderbrand
(b) Address: R. # 1 Versallies, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 9/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Versallies Cemetery
18. (a) Signature of funeral director: L. J. Meister
(b) Address: Boonville, Missouri
19. (a) Oct-7-42 (Date received local registrar) (b) Dr Chas. Snap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th. year 1942 hour 10.45 minute A.M. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on Never seen alive, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Organic Heart	
Due to: Anemia GSe ✓	?
Due to: ✓	
Other conditions (Include pregnancy within 3 months of death): ✓	
Major findings: Of operations: ✓	
Of autopsy: ✓	

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? (f) Means of injury: ✓
23. Signature: L. J. Meister (M. D. or other) Coroner
Address: Boonville Mo. Date signed: Oct 7/

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-2-42

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed C L Feland

Licensed Embalmer No. 1399

P. O. Address Sigbee 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.