

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 540

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1617 Pearl
(If not in hospital or institution, write street number or location)

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

In this community..... (Specify whether)

years, months or days)

3. (a) PRINT FULL NAME Maggie A. Hilsabeck

3. (b) If veteran, name war * * * 3. (c) Social Security No. * * *

4. Sex Fem 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Benjamin C. Hilsabeck 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 20, 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months - Days 20 If less than one day
.....hr.min.

9. Birthplace Hillsboro Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business.....

MOTHER FATHER { 12. Name Samuel Arthur

{ 13. Birthplace No record 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name no record

{ 15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hilsabeck
(b) Address Tulsa, Okla.

17. (a) Burial (b) Date thereof 12-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.

19. (a) 12-10-42 (b) Gertrude Sudhalter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 1617 Pearl
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1942 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-15-42
....., 19....., to 12-9-....., 1942
that I last saw h..... alive on 12-9-42....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Cerebral Hemorrhage

Due to Smile Arteriosclerosis

Due to.....

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

Major findings: gza!

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)..... S,

(b) Date of occurrence..... H

(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) (e) Means of injury L

23. Signature P. A. Mahoney (M. D. or other) MD.
Address PO Box 2214; Joplin, Mo. Date signed 12/10/42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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