

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6464

FILED FEB 15/1943

State File No. _____

Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 15

1. PLACE OF DEATH:
(a) County. Henry
(b) City or town. Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 days
(Specify whether

In this community _____ years, months or days

3. (a) PRINT FULL NAME Joseph WILLIAM HILLEGAS

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

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

6. (b) Name of husband or wife Bell Hillegas 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August 22 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Loury City Mo. O.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm. Henry Hillegas

13. Birthplace not known Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Anna Patterson

15. Birthplace not known Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Bell Hillegas

(b) Address Loury City, Mo.

17. (a) Burial (b) Date there 1-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loury City, Mo.

18. (a) Signature of funeral director Fred Wilkins

(b) Address Clinton, Missouri

19. (a) Jan 15, 1943 (b) Georgia Ritcher
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Clair
(c) City or town Loury City "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. North - East of town
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13
year 1943 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 12
1943 to Jan 13 1943
that I last saw h. in alive on Jan 13
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 4 days

Due to _____

Due to _____

Other conditions Acute myocarditis 3 days
(Include pregnancy within 3 months of death)

Major findings: 108
Of operations _____
Of autopsy _____

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? _____ (c) Means of injury 7
23. Signature Dr. R. S. Halligan (M. D. or other)
Address Clinton, Mo. Date signed 1/13/43

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

RECEIVED
District Health Office No. 7,
District File Number 1-43-122
Date Filed 2-8-43

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.....

GL WILKINSON, Registered Apprentice No. 341

working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.