

FILED JUL 9 1943

Registration District No. 5181

Primary Registration District No. 5181

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Cape Girardeau  
 (b) City or town Rural, Appleton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1 1/2 miles W. of 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 Entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Gir.  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1 1/2 miles W. Hilderbrand  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Susan Mary Hilderbrand

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

4. Sex female 5. Color or race white

6. (b) Name of husband or wife \_\_\_\_\_ 6. (a) Single, widowed, married, divorced single

6. (c) Age of husband or wife if alive ✓ years \_\_\_\_\_

7. Birth date of deceased Feb 16, 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 0  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housekeeping

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

12. Name Daniel Hilderbrand

13. Birthplace Hilderbrand Mo. O.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Ellender

15. Birthplace Hild Hilderbrand Mo. O.  
(City, town, or county) (State or foreign country)

16. (a) Informant David Hilderbrand

(b) Address Hilderbrand, Mo.

17. (a) Burial (b) Date thereof 6-17-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Protest Chapel

18. (a) Signature of funeral director H. Probst  
 (b) Address Jackson, Mo.

19. (a) 6-22-1943 (b) Henry W. Out.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
 year 1943 hour 2:00 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct. 1942 to June 16, 1943  
 that I last saw h. ER. alive on June 6, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC FAILURE  
MITRAL INCOMPETENCY  
 Due to MUCOUS COLITIS

Duration

1 yr 6 mo

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? \_\_\_\_\_

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

23. Signature C.M. Wiedman (M. D. or other) DO  
 Address P.O. Box 1112, Mo. Date signed 6/18/43

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

MOTHER FATHER

6  
 5  
 0

RECEIVED

District Health Officer No. 4  
District File Number 74-3-2437  
Date Filed 7-8-43

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**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 Gene C Crockett

Licensed Embalmer No. 4-327

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, fact should be so stated above.**