

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

AUG 10 1913

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24297

Registration District No. 34

Primary Registration District No. 5117

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Rural Cedarburg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mary Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 4 Mo. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Herbert L. Hilper
 3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Annie Hilper 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Sept 6 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 10 20 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name Thomas Hilper
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Crane
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Annie Hilper(b) Address Cedarburg Mo. P.O. #

17. (a) Burial (b) Date thereof 7-21-13
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Cant.18. (a) Signature of funeral director W. C. Burnett(b) Address Asheville Mo.

19. (a) July 22, 1913 (b) Mrs. Alice Estes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 14 Miles N.E. of Columbia Mo.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
 year 1913 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from May - 1912 to July - 27 1913
 that I last saw — alive on July 25 - 1913
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis + Hyperkalemia
 Due to —

Due to —
 Other conditions (Include pregnancy within 3 months of death) 1318

Major findings: Of operations —
 Of autopsy none

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 J. C. Suggest (M. D. or other) M.D.
 Address Columbia Date signed 7-27-13

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

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 *Me*

Registered Apprentice No. _____

working under my personal supervision.

Signed

W. E. Burnett

Licensed Embalmer No.

3564

P. O. Address

Oakland 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.