

Registration District No. **113**

Primary Registration District No. **4185**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County Franklin

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

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

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

In this community all his life years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Franklin

(c) City or town St. Clair  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** DAVID MARVIN HILLBARD

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 Leona Kerr Hibbard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 3-1869  
(Month) (Day) (Year)

**8. AGE:** Years 74 Months 1 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Merchant

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

12. Name Hamilton Hibbard

13. Birthplace Old Mines Washington Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Renfro

15. Birthplace Old Mines Washington Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. M. Hibbard

(b) Address Saint Clair Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12-99  
(Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cemetery

18. (a) Signature of funeral director Sherwood Kitchel

(b) Address St. Clair Mo

19. (a) 8/11/43 (Date received local registrar) (b) P. J. King (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day ninth year 1943 hour 110 minute 150 M.

21. I hereby certify that I attended the deceased from February 26th 1943 to Aug 9th 1943 that I last saw him alive on August 7th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage sudden

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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. F. Brisleb M.D. (M. D. or other) \_\_\_\_\_

Address St. Clair Mo Date signed Aug 11/43

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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..... *Sherrill Mitchell* .....  
Licensed Embalmer No..... *3873* .....  
P. O. Address..... *St. Clair, 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.**