

State File No. _____
Registrar's No. _____

FILED OCT 13 1943

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SEARS-ROSBUCK CO (15th & Cleveland)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 109 West 39th (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HILTEBRAND-WILLIAM A.
3. (b) If veteran, name war World War 3. (c) Social Security No. 496-05-3687

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 20 year 43 hour 5:30 P. M.
21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of hair Blk 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 6, 1894
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis
Due to 94a
Due to _____

8. AGE: 48 Years Months 9 Days 14 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy See above

9. Birthplace Orange City, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business _____
12. Name Mrs. A. Hiltbrand
13. Birthplace Indianapolis, Ind. (City, town, or county) (State or foreign country)
14. Maiden name Agnes M. Howell
15. Birthplace Illinois (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant O. R. Hiltbrand
(b) Address 2072 Van Buren
17. (a) Burial (b) Date thereof 9-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Orange City Kas.
18. (a) Signature of funeral director J. D. DART
(b) Address KC Mo
19. (a) 9-22-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature [Signature] 3/2/43 (M. D. number)
Address [Address] Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

OCT 18 1943

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.