

FILED FEB 9 1944
Registration District No. **118**

Primary Registration District No. **5425**

36
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **FRANKLIN**
(b) City or town **RURAL BOEUF**
(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 **50 YRS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **FRANKLIN**
(c) City or town **RURAL**
(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 **MARGARET HILDEBRAND**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan**, day **8th**, year **1944** hour **11** minute **50 A.M.**
21. I hereby certify that I attended the deceased from **February 23**, 19**39** to **January 8**, 19**44** and that death occurred on the date and hour stated above.
Immediate cause of death **Bowel obstruction** Duration **5 days**

4. Sex **FEMALE** 5. Color or race **W** 6. (a) Single, widowed, married. **2 divorced WIDOW**
6. (b) Name of husband or wife **FRED HILDEBRAND** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **JULY 7 1852**
(Month) (Day) (Year)

Due to **Tumor of Cecum - probably carcinoma**
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

8. AGE: Years **91** Months **6** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **GERMANY** (City, town, or county) (State or foreign country)
10. Usual occupation **RETIRED**
11. Industry or business _____
12. Name **CLAUS SIEVERS** 4
13. Birthplace **GERMANY** (City, town, or county) (State or foreign country)
14. Maiden name **ANNA PETERS**
15. Birthplace **GERMANY** (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
H. E.

16. (a) Informant **Charles Hildebrand**
(b) Address **New Haven Mo**
17. (a) **BURIAL** (b) Date thereof **1-12-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **BOEUF W. THERN CEM.**
18. (a) Signature of funeral director **Lois Festigi, Son**
(b) Address **New Haven Mo**
19. (a) **Jan 12 1944** (b) **Clara England**
(Date received local registrar) (Registrar's signature)

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 **B. P. Eisenmann** (M. D. or other) **MD.**
Address **New Haven, Mo** Date signed **1/10/44**

268

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.

Signature Earl Fertig

Licensed Embalmer No. 3385

P. O. Address Guilbaven 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.