

FILED AUG 25 1944

Registration District No. 260

Primary Registration District No. 4393

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Westphalia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Westphalia
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kenneth Francis Hilkemeyer

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 Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 13 1944
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Alex Hilkemeyer
13. Birthplace Westphalia
(City, town, or county) (State or foreign country)
14. Maiden name Cecelia Brunert
15. Birthplace Argyle Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Alex Hilkemeyer
(b) Address Westphalia Mo

17. (a) Burial (b) Date thereof 8/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westphalia

18. (a) Signature of funeral director [Signature]
(b) Address Box 144 Iann Mo

19. (a) Aug 15-44 (b) Autonia [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 th
year 1944 hour 1 minute 30 pm.

21. I hereby certify that I attended the deceased from Aug 13, 1944 to Aug 14, 1944
that I last saw him alive on Aug 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth

Due to _____

Due to _____

Other conditions: 159
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration

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 Dr. W. W. Wellman (M.D. or other) DO
Address Westphalia, Mo. Date signed 8/15/44

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

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RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 8-24-44

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

Victor Buescher

Licensed Embalmer No.

3701

P. O. Address

Jefferson City, 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.**