

7. S. No. 2
OM-8-43
ev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34376
State File No. _____

Registration District No. 145

Primary Registration District No. 5566

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural; Iron Imp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 miles west of Belleview
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether

In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles West of Belleview 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Leo Dale Hilleman

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1944 hour 9 minute 00 P. M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 30 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 8
1944 to Oct 9 1944
that I last saw him alive on Oct 8 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 5 11 _____ hr. _____ min.

Immediate cause of death Enterocolitis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation none

Major findings:
Of operations _____

Of autopsy _____

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

MOTHER FATHER

11. Industry or business _____

12. Name John Hilleman

13. Birthplace Belleview Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Leva Tullock

15. Birthplace Caledonia Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Hilleman

(b) Address Belleview Mo.

17. (a) burial (b) Date thereof 10-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belgrade Mo.

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? _____

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) Oct 20 1944 (b) Mrs J C Rudette
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature J. P. Young (M. D. or other) _____
Address Ironton Mo. Date signed 12-2-44

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

700

RECEIVED

District Health Officer No. 4
District File Number 1144-4504
Date Filed 11-2-44

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.....

Was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Uncle J White.....

Licensed Embalmer No. 3012.....

P. O. Address Porter 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.