

S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 14 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 548

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST VINCENT'S
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
In this community 12 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 3210 EAST 23rd
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME MATTHEW Hiltensbrandt

(b) If veteran, name war NO

(c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2
year 1945 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased born on
2-2 1945 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

4. Sex MALIE 5. Color or race WHITE

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 20 years (Day) 45 (Year)

7. Birth date of deceased 1-20-45
(Month) (Day) (Year)

Immediate cause of death Respiratory failure Duration 2 hours

Due to Possible brain injury at birth

Due to

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>12</u>	<u>11</u> hr. <u>50</u> min.

Other conditions Premature infant
(Include pregnancy within 3 months of death)

9. Birthplace KANSAS CITY Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER {

12. Name No Record

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

14. Maiden name RUTH HILTENBRANDT

15. Birthplace OSAWATOMIE KANSAS
(City, town, or county) (State or foreign country)

Major findings:
Of operations 159

Of autopsy

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

16. (a) Informant Hospital Records

(b) Address 3210 East 23rd

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?

17. (a) Burial (b) Date thereof 2-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Marys Cemetery

(Specify type of place)
While at work? (c) Means of injury E

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City Mo.

19. (a) 2-3-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Margaret E. Haggis (M. D. or other) M.D.
Address 1103 Grand Date signed 2-2-45

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

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.....

..... *No Embalming*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Cecil R. Matthes*

Licensed Embalmer No..... *3807*

P. O. Address..... *Kansas 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.