

FILED JAN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1870

Registration District No. 40

Primary Registration District No. 5171

Registrar's No.

1. PLACE OF DEATH:

(a) County Camden
 (b) City or town Barnumton, Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
Home, RR # 1, Russellburg
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
16 years (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME William Britton Hilburn

3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex MP 5. Color or race W
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Blair
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased July 10 1873
 (Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 21
 If less than one day hr. min.

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

10. Usual occupation farming

11. Industry or business

12. Name Leroy Hilburn

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

14. Maiden name Elizabeth Langdon

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

16. (a) Informant Jean Hilburn

(b) Address Barnumton, Mo

17. (a) Burial (b) Date thereof Dec 3 - 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Springs, Mo

18. (a) Signature of funeral director Bankson Woolery

(b) Address Camden, Mo

19. (a) Dec. 4, 1944 (b) Mr. A. R. Jackson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15
 (c) City or town Barnumton Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. RR # 1
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
 year 1944 hour 7 minute 3 A.M.

21. I hereby certify that I attended the deceased from July 2,
 1944 to Nov 30, 1944.

that I last saw him alive on Nov 30, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to arteriosclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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. E. B. Brigg (M. D. or other) Dr

Address Clinton Springs, Mo Date signed 12/13/44

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

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1000

12-44-1569
1-17-45

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 *Abbie Bankson Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Camdenton, 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.