S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17081

FILED JUN 7 1945

Registration District No. 1959

Primary Registration District No. 4425

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 44

(a) State Missouri (b) County Holt

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

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Burnett Julius Hilley

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lydia Ann Hilley

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

7. Birth date of deceased September (Month) 14 (Day) 1859 (Year)

8. AGE: Years 85 Months 8 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Framer

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Letitia Kreek

(b) Address Oregon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 29 (Day) 1945 (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettijohn

(b) Address Oregon Mo.

19. (a) 5-29-45 (Date received local registrar) (b) Pauline Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1945 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from May 20, 1935, to May 27, 1945 that I last saw him alive on May 25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Arthritic insufficiency — Duration 10 yrs

Due to —

Due to — 920

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

Major findings:
Of operations none

Of autopsy none

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? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....
(Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature E. F. Kearney (M. D. or other)

Address Oregon Mo. Date signed 5-28-45

1185 (Licensed Embalmer's Statement on Reverse Side)

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 James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.