

Registration District No. **96**

Primary Registration District No. **4353**

1. PLACE OF DEATH:

(a) County **Dallas**
(b) City or town **Red Top**
(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 **2 months**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **GEORGE VALENTINE HILDEBRAND**

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 **Married**

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

7. Birth date of deceased **Dec 5 1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **4** Days **8** If less than one day hr. min.

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

10. Usual occupation **farmer**

11. Industry or business _____

12. Name **Michael Hilderbrand**

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

14. Maiden name **Rena Jones**

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

16. (a) Informant **Mrs. Sherman Hill**

(b) Address **Red Top Mo**

17. (a) **Burial** (b) Date thereof **4-18-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **First Baptist Chapel**

18. (a) Signature of funeral director **L. B. Jones**

(b) Address **Buffalo Mo**

19. (a) **5-2-46** (b) **George P. Hill**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13**
year **1946** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **4-1**
19**46**, to **4-13**, 19**46**;
that I last saw him alive on **4-13**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary atherosclerosis**
Due to **arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9/40**
Of autopsy _____

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **George P. Hill** (M. D. or other) **Hill**
Address **Buffalo Mo** Date signed **4/27/46**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 71
District File Number 4-46-479
Date Filed 5-17-46

70

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 Leonard B. [Signature]
Licensed Embalmer No. 2508
P. O. Address Buena Vista

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.