

S. No. 2  
M-5-43  
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. 16693  
Registrar's No. 2212

**FILED** MAY 23 1946

Registration District No. 197 Primary Registration District No. 1002

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:  
2011 Elmwood  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 Years (Specify whether years, months or days)

In this community 46 Years

3. (a) PRINT FULL NAME Fred Marion Hilligus

3. (b) If veteran, name war no

3. (c) Social Security No. 499-09-5829

4. Sex M Color or race W

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

6. (b) Name of husband or wife Edith Hilligus

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

7. Birth date of deceased April 12 1900  
(Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 3 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Stationary fireman

11. Industry or business St. Joseph's Hosp.

12. Name Richard B. Hilligus

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

14. Maiden name Clara Schrage

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

16. (a) Informant Clara Sutherland

(b) Address 2011 Elmwood

17. (a) Burial (b) Date thereof May 17, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 5-17-46 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 3

(d) Street No. 2011 Elmwood (If rural, give location) 8

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 15  
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 11, 1946  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw him alive on May 14, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular disease

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

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 0

23. Signature Lorraine Sherwood (M. D. or other)

Address 4000 Baltimore Ave. Date signed 5-16-46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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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..... *Carlene H. Chile*.....

Licensed Embalmer No. *3473*.....

P. O. Address..... *16 E 7th St*.....

**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.**