

# FILED OCT 16 1946 STANDARD CERTIFICATE OF DEATH

 State File No. **83071**

 Registration District No. **73**

 Primary Registration District No. **5291**

 Registrar's No. **73**

## 1. PLACE OF DEATH:

(a) County **Clay**  
 (b) City or town **Rural - Liberty**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Home**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **13 years** (Specify whether years, months or days)  
 In this community **13 years**

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**  
 (c) City or town **Liberty**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Route #1** (If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

## 3. (a) PRINT FULL NAME

**MARY ANN HILTENBRANT**

 (b) If veteran, name war **none**

 (c) Social Security No. **none**

 4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

 (b) Name of husband or wife **Frank Hiltensbrant** (c) Age of husband or wife if alive **75 years**

 7. Birth date of deceased **Sept 10 1869**  
 (Month) (Day) (Year)

 8. AGE: Years **77** Months **0** Days **12**  
 If less than one day hr. min.

 9. Birthplace **Millersburg Ky**  
 (City, town, or county) (State or foreign country)

 10. Usual occupation **homemaker**

## 11. Industry or business

 12. Name **John Waldridge**

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

 14. Maiden name **Irene**

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

 16. (a) Informant **Mrs. Barnett Hawthkins**

 (b) Address **202 N. Ballatin Liberty Mo**

 17. (a) **Burial** (b) Date thereof **Oct 4 1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

 (c) Place: burial or cremation **Farrar Church Liberty Mo**

 18. (a) Signature of funeral director **Churd Archer**

 (b) Address **Liberty Mo**

 19. (a) **Oct 4 - 1946** (b) **Minnie Haynes**  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month **Oct** day **2**  
 year **1946** hour **7** minute **15 P.M.**

 21. I hereby certify that I attended the deceased from **August**  
 1946, to **Oct 2** 1946,  
 that I last saw her alive on **Oct 2** 1946  
 and that death occurred on the date and hour stated above.

 Immediate cause of death **Pernicious Anemia**  
 Duration **4 yrs**  
**Known**

 Due to **186A**

 Due to **186A**

 Other conditions **Fracture of hip 6 weeks ago**  
 (Include pregnancy within 3 months of death)

 Major findings:  
 Of operations **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**  
 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) **24**

 (b) Date of occurrence **2**

 (c) Where did injury occur? (City or town) (County) (State) **2**

 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **2**

 While at work? (Specify type of place) (e) Means of injury **0**

 23. Signature **Dr. J. G. Gardner** (M. D. 1900)  
 Address **Liberty Mo** Date signed **10/4/46**

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-12-46

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 Edgar Archer  
Licensed Embalmer No. 3311  
P. O. Address Liberty, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Clay Rural  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(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 Mary A. Hillenbrandt  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_  
7. Birth date of deceased Sept 2 (Month) (Day) (Year)

8. AGE: Years 77 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Ky

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw her alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

She had P.A. & was quite sick from that. Was not able to get up, but she was left alone & did get up & walked to kitchen where she fell.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) accident ✓  
(b) Date of occurrence Aug 19, 1946 ✓  
(c) Where did injury occur? in the home, Liberty Mo ✓  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in her home ✓  
(Specify type of place) (e) Means of injury fall ✓  
23. Signature Wm H. Jackson (M. D. or other) 7/15  
Address Liberty Date signed 10/29/46

SUPPLEMENTARY

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

31699

33071

Wm H. Gordon  
Liberty, Md  
Md