

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37425

State File No. _____

FILED DEC 16 1946
Registration District No. 36

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Johns O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1109 W. 8th St 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Cecil Roy Hildreth Jr.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased November 14 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Infant

MOTHER FATHER
12. Name Cecil Roy Hildreth
13. Birthplace Joplin Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Frances Cameron
15. Birthplace Arkansas City Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Roy Hildreth

(b) Address 1109 W. 8th St

17. (a) Burial (b) Date thereof Nov 21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stark Memorial

18. (a) Signature of funeral director Harshill Dillon

(b) Address 305 W. 11th St. Joplin

19. (a) 11-25-46 (b) C. J. Joplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1946 hour 6 minute 25 a.m.

21. I hereby certify that I attended the deceased from 11-14-46, 19____, to 11-20-46, 19____;
that I last saw him alive on 11-19-46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Patent For Valve
Due to _____
Due to _____

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

Major findings: Of operations 157E
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? _____

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

23. Signature Walter Turner (M. D. or other) _____
Address Joplin Mo Date signed 12/1/46

Duration

Birth

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

36244

46-11-1012

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..... *David Stillow*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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.