

FILED APR 9 34

Primary Registration District No. **5117**

Registrar's No. _____

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

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Boone**
 (c) City or town **L Mile South of Hartsburg,**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **L Mile South of Hartsburg, Mo**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Otto Fritz Hilgedick**
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **3/4** day **1947**
 year _____ hour _____ minute **4** M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Hulda** 6. (c) Age of husband or wife if alive **58** years
 7. Birth date of deceased **March 25, 1886**
 (Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years Months Days ~ If less than one day
60 **11** **9** _____ hr. _____ min.
 9. Birthplace **Marthsville, Mo.** **U**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Farmer**

Due to **Baranomy**
 Due to **Heart: Arteriosclerosis**
 Other conditions _____ (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name **Louis Hilgedick**
 13. Birthplace **Marthsville, Mol** **U**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Mary Brune**
 15. Birthplace **Marthsville, Mol** **U**
 (City, town, or county) (State or foreign country)
 16. (a) Informant **Mrs Otto Hilgedick**
 (b) Address **Hartsburg, Mo.**
 17. (a) **Burial** (b) Date thereof **3/6/47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Hartsburg, Mo. Cemetery**
 18. (a) Signature of funeral director **Victor Breacher**
 (b) Address **Jefferson City, Mo.**
 19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy **94A**
 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? _____ (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) _____ (e) Means of injury **3/6/47**
 23. Signature **C. P. Megee** (M. D. or Other) _____
 Address **Hartsburg, Mo** Date signed _____

057

[Faint handwritten marks]

[Faint handwritten marks]

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address. Jefferson City Mo

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 35Primary Registration District No. 4046

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Boone
 (b) City or town Harlsburg
 (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)3. (a) PRINT
FULL NAME Otto Hilgedick

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced mar

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased _____
-
- (Month) (Day) (Year)

8. AGE: Years 60 Months _____ Days _____ If less than one day
hr. _____ min.

9. Birthplace _____
-
- (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

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 _____
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

13. (a) Signature of funeral director _____

(b) Address _____

19. (a)
- 3-10-47
- (b)
- Mrs. Ross Blasco
-
- (Date received local registrar) (Registrar's signature)

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 _____

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 him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings:

Of operations _____

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) _____

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

S-7883