

No. 2
M-5-43
v. 5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8176**
Registrar's No. **90**

FILED MAR 25 1947
Registration District No. **53**

Primary Registration District No. **3010**

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

6
4

1. PLACE OF DEATH:

(a) County... Cape Girardeau
 (b) City or town... Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 days (Specify whether)

In this community 19 days
 years, months or days)

3. (a) PRINT FULL NAME Hudean Hilliard

3. (b) If veteran, name war No. ✓

3. (c) Social Security No. ✓

4. Sex M 2. Color or race Black

5. Color or race Black

6. (a) Single, widowed, married, divorced ✓ 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Feb 25 1947
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>19</u>	hr. min.

9. Birthplace New Madrid County MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business ✓

12. Name Booker T. Hilliard

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

14. Maiden name Vordie Duff

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

16. (a) Informant Booker T. Hilliard

(b) Address R#1 Portageville, Mo

17. (a) Burial (b) Date thereof 3-17-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Route 1 Portageville, Mo

18. (a) Signature of funeral director D. L. Lutz Funeral Home

(b) Address Portageville, Mo

19. (a) 3-21-1947 (b) E. C. Summers
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid

(c) City or town R#1 Portageville
 (If outside city or town limits, write "RURAL")

(d) Street No. No (If rural, give location) 1

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16
 year 1947 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 25 1947 to March 16 1947
 that I last saw him alive on 3/10/47 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Crematurity & Entertis due to Malnutrition & Sept Jaundice

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 119A

Major findings: Of operations _____

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 Chas. J. Herber (M. D. or other) _____
 Address Cape Girardeau Date signed 3/21/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4
File Number 347-404
Date Filed 3-24-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.