

FILED MAR 25 1947

Registration District No. _____

Primary Registration District No. 5419

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Clarkton
(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 lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin

(c) City or town Clarkton
(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 Elizabeth Hildebrand

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20 year 47 hour _____ minute _____ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Richard Hildebrand

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

7. Birth date of deceased October 11 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 20 1947 to Feb. 21 1947

that I last saw him alive on Sept. 15 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 95 Months 4 Days 14 If less than one day hr. _____ min. _____

Immediate cause of death Organic Heart Disease Duration 15 yrs

Due to _____

Due to _____

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

10. Usual occupation Housewife

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

Major findings: Of operations 95C

Of autopsy _____

11. Industry or business _____

12. Name Davison

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

14. Maiden name Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lora Sandifer

(b) Address Clarkton, Mo.

17. (a) Burial (b) Date thereof 2-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stansfield

18. (a) Signature of funeral director W. J. Dussell

(b) Address Watts, Ark.

19. (a) 3-10-47 (b) W. J. Dussell
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Clarkton, Dunklin Co. Mo.

(c) Where did injury occur? Clarkton, Dunklin Co. Mo.
(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) _____

While at work? _____ (e) Means of injury _____

23. Signature Walter Beale M.D. or other _____
Address Malden, Mo. Date signed 3-4-47

RECEIVED

District Health Office No. 2,

District File Number 349-398

Date Filed 3-22-49

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.