

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16556

FILED MAY 26 1947

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 656

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2225 Eugene Field Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 28 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL") /

(d) Street No. 2225 Eugene Field Ave. /  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Nettie Hillen

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
year 1947 hour 11 minute 50 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Thomas J. Hillen

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

7. Birth date of deceased June 9 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 14 1947 to May 14 1947  
that I last saw her alive on May 14 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 11 6 hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to arteriosclerosis

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

Other conditions Diabetes ?  
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

Major findings: 10

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

12. Name Jacob Franks

13. Birthplace Unknown Unknown 4  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Mathis

15. Birthplace Unknown Unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Hillen Gray  
(b) Address 2225 Eugene Field Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 17, 1947.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Muehler

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) May 19, 1947 (b) E. G. Jenkins  
(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 \_\_\_\_\_

(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)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Frank H. Hurd (M. D. or other) \_\_\_\_\_  
Address 620 Marcell Date signed 5/15/47

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

MOTHER FATHER

**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.....

..... **George Wingbermuehle** ....., Registered Apprentice No. **508 Missouri**  
working under my personal supervision.

Signed *Albert E. Harrington* .....

Licensed Embalmer No. **3258 Missouri** .....

P. O. Address..... **St. Joseph, 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.**