

S. No. 2
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34012

State File No. _____

FILED NOV 10 1947

Registration District No. _____

Primary Registration District No. 3015

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 414 W 4th St - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community 3 yrs.
years, months or days

3. (a) PRINT FULL NAME John Joseph Hilgert

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Elizabeth Hilgert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 2 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired retail Grocer.

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Hilgert 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna Catherine Wyzank
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Bustgen

(b) Address Cameron

17. (a) Burial (b) Date thereof 10 29 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton MO.

18. (a) Signature of funeral director Edward Funeral Home

(b) Address Cameron

19. (a) Oct. 28, 1947 (b) Wm. Fred W. Moser
(Date received local registrar) (Registrar's signature) 200

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Clinton 25
(c) City or town Cameron
(If outside city or town limits write "RURAL")
(d) Street No. 414 W 3rd St - 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? MO years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1947 hour 9:20 minute _____ M.

21. I hereby certify that I attended the deceased from 8-28
1947 to 10-28 1947
that I last saw him alive on 10-25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder

Due to _____

Due to _____

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

Major findings: 52 B
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 0

23. Signature Earl Kimes (M. D. or other) 0

Address Cameron MO Date signed 10-28-47

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

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 George B. Hamnell
Licensed Embalmer No. 4423
P. O. Address 309 Street 3rd

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, above space should be left blank.

Cameron, Mo