

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No.

67

FILED FEB 5 1948

Registration District No. Primary Registration District No. 50-324018

1. PLACE OF DEATH:
Audrain

(a) County Audrain
(b) City or town Rush Hill, Mo.
(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 50 years (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Rush Hill, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gotlieb Hildebrand
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 4, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 10 20 hr. min.

9. Birthplace Montgomery County Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business _____

MOTHER FATHER

12. Name Martin Hildebrand 5
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
14. Maiden name Virena Meirs 5
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant John M. Hildebrand
(b) Address _____

17. (a) Burial (b) Date thereof Jan. 26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director Paul E. Pauls
(b) Address Mo.
19. (a) Jan 31, 1948 (b) Mrs. Joe Carter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1948 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 10, 1947, to Jan 24, 1948
that I last saw him alive on Jan 24, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis chronic
Due to _____
Due to _____
Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: 99P
Of operations _____
Of autopsy _____

Duration
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) (c) Means of injury _____
23. Signature W B McCall (M. D. or other) _____
Address hadrona Mo Date signed 1-25-48

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

RECEIVED
District Health Officer No. 10
District File Number 2-48-206
Date FEB -3 1948

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.....

Clarence C. Robinson....., Registered Apprentice No. 56
working under my personal supervision.

Signed Earl E. Pank.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico.....

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. +