

1. PLACE OF DEATH:

(c) County WARREN
(b) City or town MARTHASVILLE
(c) Name of hospital or institution: 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 95 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WARREN
(c) City or town MARTHASVILLE
(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 JOHN WILLIAM HILLEBRAND

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 WIDOWED
6. (b) Name of husband or wife ANNA HILLEBRAND 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOVEMBER 30 1852
(Month) (Day) (Year)

8. AGE: Years 95 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name RUDOLPH HILLEBRAND

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

14. Maiden name FREDERICKA HULLMANN

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

16. (a) Informant Walter Hillebrand

(b) Address Napoleon, Mo.

17. (a) BURIAL (b) Date thereof 4/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARTHASVILLE, MO.

18. (a) Signature of funeral director Delmont G. Schmittberg

(b) Address MARTHASVILLE, MO.

19. (a) APR 8/48 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7 year _____ hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3:30 to 11:48 that I last saw him alive on Apr 11 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma prostate Duration 2 yrs

Due to _____

Due to _____

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

Major findings: Of operations no operation

Of autopsy no autopsy

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) (e) Means of injury _____

23. Signature Herbert H. Schmittberg MD (M. D. or other) _____

Address MARTHASVILLE MO Date signed 4-7-48

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

RECEIVED
District Health Officer No. 9,
District File Inund
Date Filed APR 13 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Delmond F. Lichtenberg*

Licensed Embalmer No. *4318*

P. O. Address *Marthasville, 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.