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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12624

FILED APR 17 1948

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 1378

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7126 S. Benton 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MRS. DOLLY ~~VINSON~~ HILDEBRAND

3. (b) If veteran, name war xx no

3. (c) Social Security No. 494-16-9201

4. Sex Fe 1

5. Color or race Wh

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

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

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

7. Birth date of deceased December (Month) 23 (Day) 1903 (Year)

8. AGE: Years 44 | Months 3 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Ava (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Vinson
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Charles Vinson Hildebrand
(b) Address 7126 S. Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.

19. (a) 3-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th year 1948 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from AUG 24 45, 19..., to MAR 26 48, 19...; that I last saw her alive on MAR 26 48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CONCER CERVIX	2 yrs
Due to	
Due to 48a	
Other conditions METASIS TO LIVER (Include pregnancy within 3 months of death)	6 mos
Major findings: Of operations CONFIRMED	
Of autopsy 0	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature G C Quintyan (M. D. or other) M D
Address 6944 Prospect KC Date signed Mar 26 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Abri R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.