

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 6 1948

Registration District No. 1249

Primary Registration District No. 3-0-3-2-5601

Registrar's No. 64

1. PLACE OF DEATH:

(a) County... Johnson County, Missouri

(b) City or town... Rural, Warrensburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Johnson

(c) City or town... R.R. No. 3, Warrensburg, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. ... Rural
(If rural, give location)

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

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3. (a) PRINT FULL NAME William Francis Hilderbrand

3. (b) If veteran, name war... None

3. (c) Social Security No. 499-10-6229

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th, year 1948 hour 4 Am minute M.

21. I hereby certify that I attended the deceased from April, 1948 to June 19th, 1948.

that I last saw h. in alive on June 19, 1948 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife... Lillie May Hilderbrand

6. (c) Age of husband or wife if alive... 59 years

7. Birth date of deceased... March 21st, 1883
(Month) (Day) (Year)

Immediate cause of death... Pulmonary thrombosis

Due to... cerebral thrombosis

Due to.....

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

Duration 5 min

2 months

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>28</u>hr.min.

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

10. Usual occupation... Farmer

11. Industry or business.....

12. Name Samuel Hilderbrand

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

14. Maiden name Betty Foster

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

16. (a) Informant Mr. S. T. Hilderbrand

(b) Address... Slater, Missouri

17. (a) Burial (b) Date thereof June 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Adams Cemetery

18. (a) Signature of funeral director... R. G. Brannigan

(b) Address... Warrensburg, Missouri

19. (a) June 21, 1948 (b) Sarannee A. [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: Of operations... f 3 B

Of autopsy.....

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.....

23. Signature... Reed [Signature] (M. D.)

Address... Warrensburg, Mo. 6-21-48 Date signed.....

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

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

Signed

W. M. Brunninger

Licensed Embalmer No.

3377

P. O. Address

Warrensburg, 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.