S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

DELAYED

Primary Registration District No. 3007

State File No. 32141

Registrar's No. 360

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lucy Lee Hosp. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 12 D

(c) City or town Neelyville D
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Peter Hilderbrand

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

4. Sex male D 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie Bardsley 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 18, 1877
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	8	23	hr. min.

9. Birthplace St Louis Co. Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation labor

11. Industry or business

FATHER
12. Name I. Hilderbrand D
13. Birthplace ..... Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Rogers
15. Birthplace ~~xxxxxxxxxxxxxxxx~~ Arkdown
(City, town, or county) (State or foreign country)

16. (a) Informant Effie Hilderbrand
(b) Address Neelyville, Mo.

17. (a) Burial (b) Date thereof 2-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinsey Cem.

18. (a) Signature of funeral director Dish Funeral Home
(b) Address Naylor, Mo.

19. (a) 10-28-48 (b) P. Hunter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1948 hour ..... minute 49 M.

21. I hereby certify that I attended the deceased from Feb 9, 1948, to Feb 11, 1948; that I last saw him alive on Feb 11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 F. F. Farr (M. D. or other)

Address Neelyville Mo. Date signed Feb 11-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1148-1398
Date Filed 11-1-48

NOV 4 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 Parkson Taylor, Registered Apprentice No. 60, working under my personal supervision.

Signed Bryan McCord

Licensed Embalmer No. H-979

P. O. Address Naylor, 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.