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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33762

Registration District No. 291

Primary Registration District No. 5986

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Elm

(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 Seventy Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 76

(c) City or town Rural (If outside city or town limits, write "RURAL") 76

(d) Street No. _____ (If rural, give location) 76

(e) Citizen of foreign country? No. (Yes or No) 76

If yes, name country _____

3. (a) PRINT FULL NAME Frank Hillerman

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1948 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from Sept 21 1948 to Sept 22 1948

that I last saw him alive on Sept 22 1948 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Ella Hillerman 6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased 10 16 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 6 If less than one day hr. min.

Immediate cause of death: Cerebral hemorrhage 4 days

Due to arteriosclerosis & hypertension year

Duration

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

10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations: J. J. W.

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Allen Hillerman

13. Birthplace Penn. (State or foreign country)

14. Maiden name Lillian Bennett (State or foreign country)

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

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? _____

16. (a) Informant Grover R. Robbins

(b) Address Unionville Mo

17. (a) Burial (b) Date thereof Sept. 24 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Cem Husted & Son

18. (a) Signature of funeral director Unionville Mo

(b) Address _____

19. (a) 10-27-48 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

23. Signature Chas. J. Judd (M. D. or other) D.D.

Address Unionville, Mo Date signed 9-23-48

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

RECEIVED

District Health Officer No. 10

District File Number 11-48-1876

Date Filed NOV 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.....

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

Signed J. O. Hunted

Licensed Embalmer No. 2975

P. O. Address Unionville

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.