S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40687

State File No.

FILED DEC 16 1948

Registration District No. 179

Primary Registration District No. 4287

Registrar's No. ~~5~~ 54

57
23

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

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Troy
(If outside city or town limits, write "RURAL" and name of township)
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln 57
(c) City or town Troy 23
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George T. Hiler
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Rhoda Hiler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 24, 1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	10	10	hr. min.

9. Birthplace Lincoln Co (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Cemetery Sexton
11. Industry or business
FATHER
12. Name Henry Hiler 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Sarah Keithley
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Arnold Hiler (Son)
(b) Address Troy, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Missouri
18. (a) Signature of funeral director Kemper Funeral Home
(b) Address Troy, Missouri
19. (a) Dec 18-48 (Date received local registrar) (b) Emma B. Riddle (Registrar's signature) 162

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	
Due to Arterio sclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? 0 (Specify type of place)
While at work (e) Means of injury
23. Signature J. C. Leach (M. D. or other) MD
Address Troy Mo Date signed 12/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

0

RECEIVED
District Health Officer No. 9
District File Number
Date Filed DEC 15 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 Joseph J. March

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.