

Health, Welfare, Public Service

FILED AUG 23 1957

STANDARD CERTIFICATE OF DEATH

28260

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3681

1. PLACE OF DEATH: JACKSON, MISSOURI; 2. USUAL RESIDENCE: MISSOURI, JACKSON; 3. NAME OF DECEASED: HENRY HILPP; 4. DATE OF DEATH: August 5, 1957; 5. SEX: Male; 6. COLOR OR RACE: White; 7. MARRIED: NEVER MARRIED; 8. DATE OF BIRTH: 5-12-1880; 9. AGE: 77; 10a. USUAL OCCUPATION: Salesman - Frank el; 10b. KIND OF BUSINESS OR INDUSTRY: Frank Millanery Co.; 11. BIRTHPLACE: Missouri; 12. CITIZEN OF: U. S.; 13a. FATHER'S NAME: Samuel Hilpp; 13b. MOTHER'S MAIDEN NAME: Unknown; 14. NAME OF HUSBAND OR WIFE: Maude Hilpp; 15. WAS DECEASED EVER IN U. S. ARMED FORCES?: No; 16. SOCIAL SECURITY NO.: 360-01-7228; 17. INFORMANT: Maude Hilpp; 18. CAUSE OF DEATH: Encephalomalacia; 19. WAS AUTOPSY PERFORMED?: NO; 20a. ACCIDENT SUICIDE HOMICIDE: [] [] []; 20b. DESCRIBE HOW INJURY OCCURRED: []; 20c. TIME OF INJURY: []; 20d. INJURY OCCURRED WHILE AT WORK: []; 20e. PLACE OF INJURY: []; 20f. CITY, TOWN, OR LOCATION: Kansas City; 21. I attended the deceased from Jan 1937 to Aug 5-57; 22a. SIGNATURE: Dr. Joseph Getelson M.D.; 22b. ADDRESS: 900 Rialto Bldg; 22c. DATE SIGNED: 8-6-57; 23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation; 23b. DATE: 8-7-1957; 23c. NAME OF CEMETERY OR CREMATORY: Cremation; 23d. LOCATION (City, town, or county) (State): K. C. Mo.; 24. FUNERAL DIRECTOR: Stine & McClure; ADDRESS: K. C. Mo.; 25. DATE RECD. BY LOCAL REG.: 8-6-57; 26. REGISTRAR'S SIGNATURE: new minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION. All diseases in Part I must be causally related. Joseph Getelson

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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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William M. Turner*

Licensed Embalmer No. *4648*

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.