

Registration District No. **137**

Primary Registration District No. **4217**

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

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Union**

(c) Name of hospital or institution:  
**IN Union 1 No st #**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **71 yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**

(c) City or town **Union**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Dolly Hillbrant**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **26**  
year **1943** hour **12** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Nov 1**  
**1943** to **Mar 24** **1943**;  
that I last saw him **lx** alive on **Mar 24** **1943**  
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband **Wm W Hillbrant** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **2** **8** **1872**  
(Month) (Day) (Year)

Immediate cause of death **Coma of Uterus**

Due to **diabetic mellitus**

Due to \_\_\_\_\_

Other conditions **Thrombosis of L. Ven**  
(Include pregnancy within 3 months of death)

8. AGE: Years **71** Months **2** Days **18** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Union Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Louis Mason**

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

14. Maiden name **Mary Baker**

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

16. (a) Informant **Wm W Hillbrant**

(b) Address **Union Mo**

17. (a) **By 191** (b) Date thereof **4 20 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union cem.**

18. (a) Signature of funeral director **Fred Wilkinson**

(b) Address **Clinton Mo**

Major findings:  
Of operations **1**

Of autopsy **lx**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

19. (a) **Apr 30, 1943** (b) **Georgia Kitcher**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **7**

(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 **J. M. Galbreath** (M. D. or other) \_\_\_\_\_  
Address **Union Mo** Date signed **4 30 43**

1069

RECEIVED

District Health Officer No. 7,

District File Number 443-161

Date Filed 5-6-43

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.....

*Frederick Wilkerson*

Licensed Embalmer No. 2478

P. O. Address Clinton 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.