

No. 2
2-43
-17-39
X35897

2858

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 7 1946

Registration District No. 137

Primary Registration District No. 5007

Registrar's No. 19

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town MONTROSE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RURAL DAVIS TWP. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY 42
(c) City or town MONTROSE 0
(If outside city or town limits, write "RURAL")
(d) Street No. DAVIS TWP. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA MARY HILLEBRAND

3. (b) If veteran, name war ✓ 3. (c) Social Security No. NONE

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Ed. Hillebrand 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Oct 11 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER
12. Name FREDRICK BATSCHELETT
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
14. Maiden name ANNA PFLESTER
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ed. Hillebrand
(b) Address Clinton mo R.H.S.

17. (a) Burial (b) Date thereof Jan 30 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director W. E. Baggerly
(b) Address Clinton mo

19. (a) 1-30-46 (b) R. P. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1946 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 23, 1945
2-17 1945 to Jan. 3 1946
that I last saw her alive on Jan. 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic arthritis (spinal)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 159/15
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (c) . Means of injury _____

23. Signature W. E. Baggerly (M. D. or other) MD
Address Montrose mo Date signed 1-29-46

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

0
746

120

FEB 4 1946

FEB 11 1946

FEB 18 1946

L
L
I
Date Recd

No. 70
1-46-38
2-6-46

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..... *N. J. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton,*

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.