FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1948
Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41502
Primary Registration District No. 3023
Registrar's No. 271

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bell Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether In this community years, months or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Rural R #2 (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 MARY MONA HILLBRAND
3. (b) If veteran, name war no
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 Silas P. Hillbrand
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased June (Month) 11 (Day) 1873 (Year)

8. AGE: Years 74 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Benton Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Joseph W. Wright
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Mary A. Parks
15. Birthplace Mo (City, town or county) (State or foreign country)

16. (a) Informant Silas P. Hillbrand
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Parks Chapple
18. (a) Signature of funeral director Consolidated
(b) Address Clinton Mo
19. (a) 12-29-47 (Date received local registrar) (b) R R Remy (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 27
year 1947 hour 11: minute 05 A.M.
21. I hereby certify that I attended the deceased from January 1947 to 12/27 1947 that I last saw her alive on 12/20/47 1947 and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Apoplexy	
Due to: Enlargement of Prostate	
Due to: Carcinoma of Sigmoid operated 1 yr ago.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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? (specify type of place)
While at work? (e) Means of injury

23. Signature Geo D Ray M.D. (M. D. or other)
Address Clinton Mo Date signed 12/27/47

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

RECEIVED
District Health Officer No. 7,
District File Number 12-47-213
Date Filed 1-7-48

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 E Gonsalves

Licensed Embalmer No. 1891

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.