

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 14 1941

State File No. _____

Registration District No. 347

Primary Registration District No. 4210

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Urich
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
in Urich
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 35 yrs 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Urich
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 none
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John H Hillebrand
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr day 7 year 1941 hour 11 minute 30 A. M.
 21. I hereby certify that I attended the deceased from Apr, 1941, to Apr, 1941:
 that I last saw him alive on Apr 6, 1941:
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Corra Hillebrand 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 3 22 1872
 (Month) (Day) (Year)

Immediate cause of death
Mitral Insufficiency
 Duration _____

8. AGE: Years Months Days If less than one day
69 0 15 hr. _____ min.

Due to Influenza 1932
 Due to _____

9. Birthplace Miana Prussia
 (City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer
 11. Industry or business _____
 MOTHER FATHER { 12. Name Henry Hillebrand
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Theresa Meschke
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Louise Hillebrand
 (b) Address Urich Mo
 17. (a) Burial (b) Date thereof 4 8 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crescent Cem
 18. (a) Signature of funeral director Ed C Williams
 (b) Address Clinton Mo
 19. (a) 4-19-41 (b) W. R. Hamilton
 (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) _____
 (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) (e) Means of injury _____
 23. Signature J. W. Galbreath (M. D. of state) _____
 Address Urich Mo Date signed 5-2-41

RECEIVED

District Health Officer No. 7;

District File Number 5-41-873

Date Filed 5-13-41

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.....

Fred Wilkerson

Licensed Embalmer No.....

2474

P. O. Address.....

Clinton Ma

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, above space should be left blank.