

REC'D JUN 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHStauffe du
19465
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township 1 Primary Registration District No. 3032
 (c) City Sedalia (d) Street No. 612 So. Summitt St.
 (If death occurred in Hospital or Institution, with its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 452 Chester Billings

(a) Residence, No. 612 So. Summitt St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sylvia Billings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 6 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IowaFATHER 13. NAME James T. Billings14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IowaMOTHER 15. MAIDEN NAME Dora A. Goins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Mrs. Chester Billings
(ADDRESS) Sedalia, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Hickory Point Cem DATE May 24/2919. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.20. FILED 5-23-39 Mrs. Harry Smedley (Address) Sedalia, Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22/39 1939

22. I HEREBY CERTIFY That I attended deceased from April 2, 1939, to May 22, 1939
 I last saw him alive on May 22, 1939 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Angina pectorisAH

Other contributory causes of importance:

med. adenomaName of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Similar to angina M. D.

(Signed) Stauffe du
Sedalia, Mo.

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNWADING INK---THIS IS A PERMANENT RECORD

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.

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APR 13 1942

RECEIVED
DISTRICT HEALTH OFFICER
NO. 8

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4/13/42

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,

Geo. Dillard

or by

Registered Apprentice No., working under my personal supervision.

Signed

Geo. Dillard

Licensed Embalmer No. 3868

P.O. Address Sedalia, 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, above space should be left blank.