

MISSOURI 10 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44850
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 837
(b) Township Castor Primary Registration District No. 6099 Registered No. _____
(c) City Bloomfield, Mo. R. F. D. Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Billie James Talley

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
----- --- 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Missouri

13. NAME Everett Talley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Geneva Simmons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Everett Talley
(ADDRESS) Bloomfield, Mo. R. F. D. #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield Cem. DATE Dec. 28, 1939

19. FUNERAL DIRECTOR (NAME) Chiles Und. Co.
(ADDRESS) Bloomfield, Missouri

20. FILED Jan 5 1940 Loomie Punch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1939, to Dec 28, 1939
I last saw him alive on Dec 25, 1939. Death is said to have occurred on the date stated above, at 4.30 M.
The principal cause of death and related causes of importance were as follows:

Remature Birth Date of onset _____
Don't know
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? C 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 _____
(Signed) S. S. Davis, M. D.
(Address) Dexter

WRITE PLAINLY, WITH UNFADING 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.

1 X16603

RECEIVED

District Health Officer No. 2,

District File Number 140 - 496

Date Filed 1-9

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.....

..... Licensed Embalmer No.....

..... P.O. Address.....

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.