

Registration District No. 10112

Primary Registration District No. 6386

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Blackwater rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 8 yr. years, months or days

3. (a) PRINT FULL NAME Fred Billings 452

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Maie Billings 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 7 1889
 (Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Morgan Co. Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

12. Name H.C. Billings

18. Birthplace Scott Co. Ill.
 (City, town, or county) (State or foreign country)

14. Maiden name Maie Kallie

15. Birthplace Scott Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eve Kurl

(b) Address Sweet Springs Mo

17. (a) burial (b) Date thereof June 29 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrison Mo

18. (a) Signature of funeral director Heath

(b) Address Houston Mo

19. (a) June 29 (b) D. Hovener
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
 year 1940 hour 10 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 17 1940 to June 27 1940
 that I last saw him alive on June 27 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 3 yrs

Due to Subacute Myocarditis

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

Major findings: _____
 Of operations 95%
 Of autopsy _____

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

23. Signature Lesburn Ellis (M. D. or other) _____
 Address Sweet Springs Mo Date signed 6-28-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 X19311

RECEIVED
District Health Officer No. 8,
District File Number
4-15-40
Date Filed

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 H. H. Smiley
Licensed Embalmer No. 3987
P. O. Address Houston, Texas

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 225-26

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 117

Primary Registration District No. 5886

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Blackwater T. P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Fred Billings

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married divorced wid

6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 30 Months 9 Days 20 If less than one day hr min

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Rural (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 27 year 1970 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature Coburn Ellis (M. D. or other)

Address Sweet Springs Date signed

SUPPLEMENTAL

0.5.2009

0.5.2009

0.5.2009

0.5.2009

0.5.2009

0.5.2009

0.5.2009

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