

FILED SEP 16 1940
Registration District No. 187

Primary Registration District No. 4107

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Billings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian
(c) City or town Billings
(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 Aug day 27
year 1940 hour 1 minute 20 A-M.

21. I hereby certify that I attended the deceased from Aug
Aug 26, 1940, to Aug 26, 1940;
that I last saw her alive on Aug 26, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis pneumoniae
Arteriosclerosis, generalized
Psychosis

Duration
unknown

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 sta-
tistically.

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 Charles Spears (M. D. or other) M.D.

Address Billings, Missouri Date signed 8-27-40

8. (a) PRINT FULL NAME Julia Gold 430

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased June 27 1958
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 2 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Harlin Hale

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

14. Maiden name Nancy Estes

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

16. (a) Informant Mrs. Oattie Hoke

(b) Address Billings, Mo.

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

(c) Place: burial or cremation Smart cemetery

18. (a) Signature of funeral director H. S. Waller

(b) Address Billings, Mo.

19. (a) Aug 28 1940 (b) Mrs. Louise Brown
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer "No." 6

District File Number 940-2532

Date Recd SEP 05 1940

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 Everett R. Mead 621

Licensed Embalmer No. 4038

P. O. Address Billings, 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.