

APR 10 1941

Registration District No. 5743

Primary Registration District No. 5743

Registrar's No. 5

1. PLACE OF DEATH:

- (a) County Marion
(b) City or town Marion Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brown's
(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 Velma Lee Bilyeu

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

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced (1)
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 10 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation

11. Industry or business

- MOTHER FATHER { 12. Name Winifred Bilyeu
13. Birthplace Marion Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Clara Rindler
15. Birthplace Marion Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Smith
(b) Address Marion Mo
17. (a) Burial (b) Date thereof Mar 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation with 33 Cemetery
18. (a) Signature of funeral director Herman Stropf
(b) Address Marion Mo
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Marion
(c) City or town Rural Marion Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 10 1941 to March 13 1941
that I last saw her alive on March 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute gastro-enteritis Duration 3 days

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 X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
4511 (Specify type of place) (e) Means of injury 71

23. Signature Conley M. D. or other Do
Address Brinktown, Mo Date signed 3/14/41

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.....

H H Strop

Licensed Embalmer No.....

2924

P. O. Address.....

Meta 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11331

Registration District No. 543

Primary Registration District No. 2743

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Marion
(b) City or town Boone
(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

Velma Lee Bailey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced _____

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

Months

Days 3

If less than one day

hr. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

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 _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) March 22-1941 (b) Rosa Lawson

(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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____

_____ 19 _____ to _____ 19 _____
that I last saw him alive on _____ 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 Donley Gates (M. D. or other) _____

Address Brinkley, Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

SUPPLEMENTARY

1941
S-11331

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, fact should be so stated above.