

Registration District No. 47/156

Primary Registration District No. 263-44090

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
25 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Leo John Bilski

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 single

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

7. Birth date of deceased. April 24 1918
(Month) (Day) (Year)

8. AGE: Years 23 Months 1 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Pulaskifield (City, town, or county) (State or foreign country) 0

10. Usual occupation C.C.C.

11. Industry or business _____

MOTHER FATHER
12. Name Paul Bilski
13. Birthplace Pulaskifield Mo. (City, town, or county) (State or foreign country) 0
14. Maiden name Anna Younker
15. Birthplace Pulaskifield Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Paul Bilski
(b) Address Pulaskifield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul's Cem.

18. (a) Signature of funeral director [Signature]
(b) Address Pierce City Mo.
19. (a) 6-12-41 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry 5
(c) City or town Pulaskifield Mo. (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1941 hour 1.15 minute A M.

21. I hereby certify that I attended the deceased from June 7 1941 to June 7 1941 that I last saw him alive on June 7 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Skull Fracture
Due to Trauma

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration

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) Accident
(b) Date of occurrence June 7 1941
(c) Where did injury occur? 2 mi. S. Pierce City Barry
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work no (Specify type of place) (e) Means of injury auto
23. Signature [Signature] (M. D. or other) 0
Address Pierce City Mo. Date signed 6-12-41

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

17006
95

This man died in an ambulance while enroute to a hospital in Kansas City Mo., where surgical measures might have been used.

Before starting this trip the parents were informed by the undersigned, that the man would die, regardless of what was done. This opinion was concurred in by another M.D.

JUL 1

RECEIVED

District Health Officer No. 6,

District File Number 741-1087

Date Filed JUL 12 1941

L. Mason Lyons

L. Mason Lyons M.D.
Pierce City Mo.

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

me
-----, Registered Apprentice No. _____
working under my personal supervision.

Signed

Hector O. Kummer

Licensed Embalmer No. 3822

P. O. Address Pierce City

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. _____

Registration District No. 477

Primary Registration District No. 5634 1409D

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry
(c) City or town Pulaski field 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 _____

3. (a) PRINT FULL NAME

Lee John Bilski

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 8
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr 24 1918 (Month) (Day) (Year)

8. AGE: Years 23 Months 1 Days 14 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Bilski
13. Birthplace Pulaski field Mo (City, town, or county) (State or foreign country)
14. Maiden name Anna Younger
15. Birthplace Pulaski field Mo (City, town, or county) (State or foreign country)

16. (a) Informant Paul Bilski Mo
(b) Address Pulaski field Mo

17. (a) Burial (b) Date thereof 6-10-1941 (Month) (Day) (Year)
(c) Place: burial or cremation St Peter's Paul Cem

18. (a) Signature of funeral director Werner
(b) Address Preser City Mo

19. (a) 8/11/41 (b) Beckley, Mo. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: month June day 8
year 1941 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from June 7
1941 to June 7 1941
that I last saw him alive on June 7 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration _____

Diagnosis Skull fracture
Due to Trauma induced by
auto accident between two private
Other conditions cars at intersection of
State Highways -97 and U.S.
(Include pregnancy within 3 months of death)

Major findings: Highway -60. PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy 170 29.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) acc
(b) Date of occurrence June 7 1941
(c) Where did injury occur? 2 mi S of Preser City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Intersection of U.S. Highway 60 and
Mo 97 (Specify type of place) (e) Means of injury Auto
accident.

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

PRELIMINARY

Are diamonds in case

S-21374

Registration District No. Cass

Primary Registration District No. 5634

Registrar's No. _____

1. PLACE OF DEATH

(a) County Cass
(b) City or town Harrisonville
(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 Lee John Bilski
(b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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 If less than one day
23 1 14 _____ 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) _____ (b) _____
(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 June day 8
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 _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Hemorrhage
Skull fracture

Due to Trauma
Collision with another auto

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

Major findings: _____
Of operations _____

Of autopsy _____
Intersection State 97 us 60

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence June 7 1941

(c) Where did injury occur? 2 mi S Pierce City
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Intersection State 97 us 60
(Specify type of place)

While at work _____ (g) Means of injury Auto Collision

23. Signature Marion Lyne (M. D. or other) _____
Address Pierce City Mo Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.