

No. 2
4-13-40
5-17-39
X23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24851

State File No.

REC AUG 18 1947 District No. 3

Primary Registration District No. 4116

Registrar's No.

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

1. PLACE OF DEATH: Clark
 (a) County Clark
 (b) City or town Wayland
 (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
 In this community 4 5 yrs 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Oliver Billups
 3. (b) If veteran, name war
 3. (c) Social Security No. 491-16-6857

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rosa Blaise Billups 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased December 22, 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 28 hr. min.

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

10. Usual occupation Employed by Resnik Camping Co

11. Industry or business Manager of Wayland Pickle

12. Name Benjamin Franklin Billups

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

14. Maiden name Esther H Alcomb

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

16. (a) Informant Mrs Katie Belbe

(b) Address Wayland Mo

17. (a) Burial (b) Date thereof July 23, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prasee Cemetery

18. (a) Signature of funeral director H. P. Kircher (Reg. 3)

(b) Address Wayland Mo

19. (a) July 21, 1947 (b) H. P. Kircher
 (Date received local registrar) (Registrar's signature) Byrd

2. USUAL RESIDENCE OF DECEASED: ⁰²³
 (a) State Mo (b) County Clark ⁰
 (c) City or town Wayland
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20, year 1941 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 25, 41 to July 20, 1941, that I last saw him alive on July 19, 41 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Degeneration
 Due to Gen. Arteriosclerotic ^{years}

Due to 938
 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 J. N. Riggs (M. D. or other) H
 Address Wayland Date signed July 23, 47

RECEIVED

District Health Officer No. 10

District File Number 8-41-1480

Date Filed AUG 13 1941

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

Vernon C. Ryan

Registered Apprentice No. 267

working under my personal supervision.

Signed

H. F. Fischer

Licensed Embalmer No. 2611

P. O. Address Wayland

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.