

2
4-41
7-39
X26390

State File No. _____

Registration District No. _____

Primary Registration District No. 1

Registrar's No. 316

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1310 South Wabash St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 yr. 4 mo. 11 da. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 South Wabash St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

EDNA ADELINA BILLS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex female 5. Color or race White 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 June 13 1939
(Month) (Day) (Year)

8. AGE: Years 2 Months 4 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name William Franklin Bills
13. Birthplace Memphis Missouri
(City, town or county) (State or foreign country)
14. Maiden name Mary Fath Hartford
15. Birthplace Putnam Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William F. Bills
(b) Address 1310 S. Wabash

17. (a) Burial (b) Date thereof 11-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cem.

18. (a) Signature of funeral director Laura Kelly

(b) Address Kirksville Mo.

19. (a) Nov. 18/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 11
year 1941 hour 9 minute 10 AM.

21. I hereby certify that I attended the deceased from Oct 27-41
1941, to Nov. 11 1941;
that I last saw her alive on Nov. 10 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Purulent meningitis Duration 18 days

Due to Meningoencephalitis

Due to possibly secondary to a Chronic mastoiditis

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

Major findings: Of operations 81a 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 11

23. Signature W. M. Clure (M. D. or other) MD
Address Kirksville Date signed 11/11/41

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2087

Date Filed DEC 31 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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Laura Riley
Licensed Embalmer No. 3907
P. O. Address Kirksville 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.