No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25391

Registration District No. 796 Primary Registration District No. 6039 Registrar's No. 119

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County 26

(c) City or town 5
(If outside city or town limits, write "RURAL")

(d) Street No. 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME CLARECE MELVIN BILLO

3. (b) If veteran, name war ✓

3. (c) Social Security No. .....

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anna Bell Wilson

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 1 (Month) 13 (Day) 1875 (Year)

8. AGE: Years 67 Months 5 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Eng. Mo. P. Rail road

11. Industry or business

FATHER
12. Name Henry Billo 21
13. Birthplace New York (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Cornelia Crahan
15. Birthplace New York (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Anna Belle Billo
(b) Address 1421 Westmain St Jeff City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 20 42 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery Jeff City Mo

18. (a) Signature of funeral director Tanner Funeral Home
(b) Address Jefferson City Mo

19. (a) 7-26-42 (Date received local registrar) (b) Mrs T. O Wealtrak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1942 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from held in quest July 23 1942 that I last saw h ✓ alive on ✓ 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Rail Road rear end Collision

Due to Mo. Pacific R. R.

Due to

Other conditions (Include pregnancy within 3 months of death) 169-8

Major findings:
Of operations 30

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) 297

(b) Date of occurrence July 17, 1942

(c) Where did injury occur? Mo. Pacific R. R. (City or town) (County) (State)

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

While at work? (e) Means of injury Saline Co.

23. Signature C. L. Lawless Coroner (M. D. or other)

Address Mars Hall Mo Date signed 7-23-42

1215

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1948

MAR 2 1948

MAR 15 1950

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-28-42

MAR 4 1949

MAR 8 1950

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 Don Shutt

Licensed Embalmer No. 3757

P. O. Address Mashaw

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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25391

Registration District No. 796 Primary Registration District No. 6039 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(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 years, months or days)
In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cole
(c) City or town Jefferson
(If outside city or town limits, write "RURAL")
(d) Street No. Don't Know
(If rural, give location)
(e) Citizen of foreign country? Don't Know (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clarence Melvin Billo
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 M
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 13 (Day) 88 (Year)

8. AGE: Years 67 Months 5 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 13 year 1942 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 — 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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

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

SUPPLEMENTARY