

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27953

State File No.

Registration District No. 290

Primary Registration District No. 5984

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Cookville, Missouri (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 year, 4 months, 5 days (Specify whether years, months or days)
In this community 1 year, 4 months, 5 days

3. (a) PRINT FULL NAME Oscar Carl Bilbrey (Pvt)

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

4. Sex Male 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 September 23 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 10 20 hr. min.

9. Birthplace Model Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier-U. S. Army-36119128

11. Industry or business Service Battery, 1st Bn, 177F.

12. Name Henry Bilbrey
13. Birthplace Model Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Model Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Military Records
(b) Address Fort Leonard Wood, Missouri

17. (a) Removal (b) Date thereof Aug 13 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Royal Oak Church

18. (a) Signature of funeral director How E. Clark

(b) Address Galva Mo

19. (a) Aug 20 - 1942 (b) 6200 M. St
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1942 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from ----- 19 --- to ----- 19 ---

that I last saw him alive on August 12 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury of head with extrusion of brain thru base of skull to pharynx, trachea, esophagus and stomach.

Due to automobile accident. (Patient run over while asleep on ground.)

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: (Automobile pedestrian)

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

(b) Date of occurrence August 12, 1942 085

(c) Where did injury occur? Cookville, Pulaski, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rural--on maneuvers

While at work? Yes (Specify type of place) (e) Means of injury Automobile

23. Signature Howard P. Gilbert (M. D. or other)

Address Galva, Mo. 6200 M. St Date signed Aug 17, 1942

1170

(Licensed Embalmer's Statement on Reverse Side)

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

85
00

RECEIVED

Pulaski County Health Officer

File Number 8-42-175

Date Filed 8-24-42

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 4216

P. O. Address Kalla 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.