

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18355
Registrar's No. 87

Registration District No. 207

Primary Registration District No. 5756

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Jefferson-Township-Rural
(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 entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eunice Cornelia Bilbery

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Lee Bilbery 6. (c) Age of husband or wife if alive 1867 years

7. Birth date of deceased Sept. 14, (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Edmond Cross Gibbons 13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Martha McMillan 15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Bilbery (b) Address Belle, Mo.

17. (a) Burial (b) Date thereof 4/28/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Skaggs Cemetery

18. (a) Signature of funeral director Sassmann's Funeral Service (b) Address Belle, Mo.

19. (a) 5-7-43 (b) Erma Bassett (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries
(c) City or town Jefferson Township - Rural (If outside city or town limits, write "RURAL")
(d) Street No. no (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1943 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from April 21 to April 25 1943 that I last saw him alive on April 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pts. Cancer, Pericarditis Duration

Due to /

Other conditions (Include pregnancy within 3 months of death) 900

Major findings: Of operations none PHYSICIAN

Of autopsy

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

(a) Accident, suicide, or homicide (specify) no
(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?

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

23. Signature Dr. Jones (M. D. or other) /
Address Belle, Mo Date signed May 1/43

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.....

Chester J. Lassman

Licensed Embalmer No. *4178*

P. O. Address *Bldg 5 - 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.