

No. 2
1-2-43
5-17-39
1 x 3 1/2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34313

State File No. _____

Registrar's No. 333

FILED NOV 10 1943

Registration District No. 47

Primary Registration District No. 5773

1. PLACE OF DEATH

(a) County Callaway

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

(c) Name of hospital or institution:
Rt. 1 / Summit Jungs
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Holt Summit
(If outside city or town limits, write "RURAL.")

(d) Street No. Rt. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert B. Union Bills

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 8
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10 _____, 1943 to October 15 _____, 1943
that I last saw him alive on October 5 _____, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 22 1868
(Month) (Day) (Year)

Immediate cause of death Decomposed heart

Due to _____

Due to arterio

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

8. AGE: Years 73 Months 9 Days 16
If less than one day

9. Birthplace Callaway County Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 131 p

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Wm J. Bills

{ 13. Birthplace Callaway County Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Rebecca Morgan

{ 15. Birthplace Callaway County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Deliah Bohannon

(b) Address Rt 1 - Holt Summit

17. (a) Burial (b) Date thereof Oct 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill

18. (a) Signature of funeral director Fanner Sewer

(b) Address 210 Jefferson

19. (a) 10-13-1943 (b) Joak Monist
(Date received local registrar) (Registrar's signature)

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. J. Prince (M.D. or other) MD

Address Jefferson City Mo Date signed 10/9/43

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

Burns

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 *J. W. Anderson*.....

Licensed Embalmer No. *3641*.....

P. O. Address *Geneva*.....

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.