

FILED MAR 18 1944

Registration District No. 68

Primary Registration District No. 5267

Registrar's No. 4

1. PLACE OF DEATH

(a) County Christian
(b) City or town Chestnut Ridge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. Holloway Inn
(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) Most of Her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Chestnut Ridge
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Franzina A. Bilgus

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James M. Bilgus 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 5 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 29
If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name John Killion
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Killion
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Della Keltner
(b) Address Chestnut Ridge Mo

17. (a) Buried (b) Date thereof Feb 11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director T. B. Claffin

(b) Address Oark Mo.

19. (a) 3-6-44 (b) Mabel Mages
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1944 hour 12 minute 109 M.

21. I hereby certify that I attended the deceased from Jan 1943 to Feb 8 1944
that I last saw her alive on Jan 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Advanced Heart Trouble with Arteriosclerosis

Due to _____
Due to _____

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

Major findings: Of operations gfd
Of autopsy _____

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. H. Mado (M. D. or other) _____
Address Oark Mo. Date signed 2-18-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6;

District File Number 344-351

Date Filed MAR 16 1944

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.....

T. B. Chaffin

Licensed Embalmer No. 2197

P. O. Address Ozark, 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.