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23159

State File No. \_\_\_\_\_

FILED JUL 10 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 5003

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution Memor Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether  In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town RFD Green Castle  
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Rolland Wade Billington

3. (b) If veteran,  name war \_\_\_\_\_

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5<sup>th</sup> day 31 year 1944 hour 9:00 minute A M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 5-

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 31 years (Month) (Day) (Year)

7. Birth date of deceased 5 31 44  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5 31 1944, to 5-31 1944 that I last saw him alive on 5-31 1944 and that death occurred on the date and hour stated above.

8. AGE: Years  Months  Days  If less than one day 9 hr. 30 min.

Immediate cause of death Asphyxia

Due to Aspiration of Solid During Birth

Due to \_\_\_\_\_

9. Birthplace Green Castle Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 161a

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Muel Edwin Billington

13. Birthplace Green Castle Mo  
(City, town, or county) (State or foreign country)

14. Maiden name LEOTA Florence SIZEMORE

15. Birthplace STARK Mo  
(City, town, or county) (State or foreign country)

Major findings: 161a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Florence Billington

(b) Address Green Castle, Mo

17. (a) Burial (b) Date thereof June 1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplelock Bur.

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? \_\_\_\_\_

18. (a) Signature of funeral director Glenn E. Reut

(b) Address Green City, Mo

19. (a) 6/11/44 (b) Mrs. J. Wagon  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury ?

23. Signature Glenn E. Reut (M. D. or other) \_\_\_\_\_

Address Green City, Mo Date signed 6-31-44

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

RECEIVED

District Health Officer No. 10

District File Number 7-44-1209

Date Filed JUL 7 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.....

Body not embalmed, Registered Apprentice No. ....  
working under my personal supervision.

Signed

Glenn E. Kutz

Licensed Embalmer No. 1769

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.