

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 12 1944

Registration District No. 278

Primary Registration District No. 5918

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Perry
 (b) City or town Crasstown
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Robert Ray Pillars
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

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 October 20, 1942
(Month) (Day) (Year)

8. AGE: Years 1 Months 9 Days 18 hr. _____ min. _____
 9. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____
 12. Name Andrew Pillars
 13. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Johnnie Williams
 15. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Pillars
 (b) Address Crasstown, Mo.

17. (a) Burial (b) Date thereof 8-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial Crasstown, Mo.

18. (a) Signature of funeral director Bey Funeral Home
 (b) Address Perryville, Mo.

19. (a) Aug. 9-44 (b) J. Shoffelder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
 year 1944 hour 3:45 minute P. M.
 21. I hereby certify that I attended the deceased from July 6, 1944, to July 8, 1944;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo
Pneumonia Duration 2 wks

Due to _____
 Due to _____

Other condition Malnutrition
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 107

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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 W. B. Bailey (M. P. or other) _____
 Address Perryville Date signed 8-9-44

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

1900

RECEIVED

District Health Officer No. 4

District File Number 844-4206

Date Filed 8-11-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Albert Bey

Licensed Embalmer No. 3866

P. O. Address Permyville, 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.