

No. 2  
-8-43  
-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34605

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 142 days  
(Specify whether years, months or days)

In this community 142 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town R-2, Niangua  
(If outside city or town limits, write "RURAL") 00

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Henry Bilger

3. (b) If veteran, name war No

3. (c) Social Security No. 500-10-1579

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
year 1944 hour 11 minute 55 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Iva Bowden Bilger

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Sept 29 1899  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 28 1944 to Oct. 17 1944  
that I last saw h. im alive on Oct. 17 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 0 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Pulmonary Tuberculosis Abt 11 mos.  
Duration \_\_\_\_\_

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

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

11. Industry or business Farmers Exchange

Major findings: Left pneumonolyses  
Of operations 9/6/44 - Single & band divided  
Of autopsy \_\_\_\_\_

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

MOTHER FATHER

12. Name Daniel Bilger

13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Weeden

15. Birthplace Unknown Penna  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17: (a) Annual (b) Date thereof Oct 18 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshallfield, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Marshallfield Mo

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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

23. Signature Y. F. Fujikawa (M. D. or other) MD.

Address Mt. Vernon, Mo. Date signed 10/18/44

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

RECEIVED

District Health Officer No. 6;

District File Number 1149-1105

Date Filed NOV 13 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.....

Licensed Embalmer No.....

3312

P. O. Address.....

Marshfield, M.

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Nov.

Registration District No. 282

Primary Registration District No. 0-6-5

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Lamar  
 (b) City or town Mt Vernon Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Missouri State Sanatorium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 142 da.  
 In this community 142 da. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

George H. Bilger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Sept 29 1899

(Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 0

If less than one day, min.

9. Birthplace Paris, Kansas

(City, town, or county) (State or foreign country)

10. Usual occupation Labors - Farmers Exchange

11. Industry or business Farmers Exchange

12. Name David Bilger

13. Birthplace Unknown Ohio

14. Maiden name Sarah Wieduc

15. Birthplace Unknown Penn.

16. (a) Informant E. McMichael Record Clerk

(b) Address State San. Mt Vernon Mo

17. (a) Removal (b) Date thereof Oct 18 - 1944

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield Mo

18. (a) Signature of funeral director L. Fleming

(b) Address Marshfield Mo

19. (a) Oct 18 - 1944 (b) Andy Crawford

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
 (c) City or town Marion  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1944 minute 53 P.M.

21. I hereby certify that I attended the deceased from May 28 to Oct 17, 1944.

that I last saw him alive on Oct 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pat. Dec. about 12 months

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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 H. F. Fujikawa (M. D. or other) \_\_\_\_\_

Address Mt Vernon Mo Date signed 10/19/44

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

MOTHER FATHER

**SUPPLEMENTARY**

34605