

FILED 1945

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(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) 52 years

3. (a) PRINT FULL NAME

MONT V. BILYEU

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

4. Sex Male (1) 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche B. Bilyeu
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 7 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Logan Co. Ky
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Farming - Retired

12. Name Pleasant Bilyeu

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

14. Maiden name Catherine Simmons

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

16. (a) Informant Blanche B. Bilyeu

(b) Address Shelbyville, Mo

17. (a) Burial (b) Date thereof June 12 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation L.O.O.F. Cemetery

18. (a) Signature of funeral director E.P. Thompson

(b) Address Shelbyville, Mo

19. (a) July 2 45 (b) Madge Looch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town Shelbyville
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1945 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 31 1945 to June 10 1945
that I last saw him alive on June 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Meninges
Duration 9

Due to Pulmonary Tuberculosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

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 P.C. Drake (M. D. or other)

Address Shelbyville, Mo Date signed August 1-1945

(Licensed Embalmer's Statement on Reverse Side)

1095

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

RECEIVED

District Health Officer No. 10

District File Number 7-45-1091

Date Filed JUL 13 1945

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.....

Myself

Registered Apprentice No.

working under my personal supervision.

Signed

E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address. *Shelbyville, 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.