V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37960

State File No.

FILED DEC 18 1945

Registration District No. 218

Primary Registration District No. 5788

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Anniston (rural) Mississippi

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3½ Miles N.E.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Years (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss. 67

(c) City or town Anniston (rural) 0

(If outside city or town limits, write "RURAL") 0

(d) Street No. 3½ Miles N.E.

(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME Joe Bilbert

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex M2

5. Color or race Negro

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

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

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace N.K. (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name N.K.
13. Birthplace N.K. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name N.K.
15. Birthplace N.K. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Thos P. McClosky

(b) Address Anniston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-45 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Charleston, Mo.

18. (a) Signature of funeral director Private

(b) Address

19. (a) 12-1-45 (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 3rd year 1945 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Attended as Coroner to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death in fire of place of abode. Kerosene lamp knocked off table under bed and exploded causing fatal blaze. No inquest conducted

Duration

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) Accident 1.9

(b) Date of occurrence 11-3-45

(c) Where did injury occur? 3½ mi N.E. (City or town) Anniston (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury 3

23. Signature John F. Nunnelee Jr. (M.D.) Coroner

Address Charleston, Mo Date signed 11-4-45

1620

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1245-3367
Date Filed 12/8/45

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.