

S. No. 2
M-5-43
5-17-39
P 1 X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1946

6786

Registration District No. 294

Primary Registration District No. 3056

State File No. _____

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: Wabash Hospital (1)

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

(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)

In this community 9 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City

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

(d) Street No. 1009 Ella (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Billion

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 23 1946 to Jan 23 1946; that I last saw him alive on Jan 23 1946; and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Agusta Billion 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Nov. 12 1866 (Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration 24 hours

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Cinn. Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Checker

11. Industry or business Wabash

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Carl Billion

(b) Address 2409 Wood Ave.

17. (a) Removal (b) Date thereof Jan 24 46 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Geo. H. Long

(b) Address 10th Street and Barnet Avenue. K

19. (a) Jan 24-46 (b) Seal Williams (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 940

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 on or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. D. Street (M. D. or other) MD

Address Moberly, Mo. Date signed Jan 27/46

(Licensed Embalmer's Statement on Reverse Side)

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

3740

38
6
3

MAR 11 1946

RECEIVED
District Health Office No. 10
District File Number 3-46-363
Date Filed MAR 6 1946

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.

..... 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.