S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36899

State File No.

FILED NOV 12 1947

Registration District No. 369

Primary Registration District No. 6249

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Piedmont Rural
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne

(c) City or town Redmont (Rural)
(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 William Henry Fillmore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Grace Wiess Fillmore

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan (Month) 7 (Day) 1878 (Year)

8. AGE: Years 69 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Centerville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Isaac Fillmore
13. Birthplace England 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Key
15. Birthplace Georgia 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Fillmore
(b) Address Piedmont, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Centerville Cem. Reynolds Co

18. (a) Signature of funeral director William Cole
(b) Address Piedmont, Mo.

19. (a) Oct. 13-1947 (Date received local registrar) Susie O. Piles (Registrar's signature) 340

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th year 1947 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from July, 1947 to Sept. 19, 1947; that I last saw alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Hypertension
Arteriosclerosis

Due to

Other conditions Manic depression
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. E. Tomy (M. D. or other)

Address Piedmont Date signed 9-23-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Dist Health Officer No. 4

File Number 1147-1467

Date Filed 11-10-42

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 Coder Funeral Home, Registered Apprentice No. ....., working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution: Benton Twp.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Piedmont Rural.
(If outside city or town limits, write "RURAL")

(d) Street No. Benton Twp.
(If rural, give location)

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

If yes, name country England.

3. (a) PRINT FULL NAME William Henry Fillmore

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 Married

6. (b) Name of husband or wife Grace Wiess Fillmore

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

7. Birth date of deceased Jan (Month) 7 (Day) 78 (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	8	12	..... hr. ..... min.

9. Birthplace Centerville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farm

11. Industry or business Farming

FATHER
12. Name Isaac Fillmore
13. Birthplace ..... (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Laura Key
15. Birthplace ..... (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Mrs. William Fillmore
(b) Address Piedmont Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Centerville Cem. Mo.

18. (a) Signature of funeral director William Coder
(b) Address Piedmont Mo.

19. (a) Oct. 13, 1947 (Date received local registrar) (b) Susie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1947 hour 8 minute 00 M.

21. I hereby certify that I attended the deceased from July 1947 to Sept 19th 1947
that I last saw him alive on Sept 19 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Hypertension Nonc	
Due to Depression	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN

Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature L. E. Toney (M. D. ~~or other~~)
Address Piedmont Mo Date signed 9-26-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

ENCLOSED
NOV 19 1947
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-36899

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.