

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44653**

FILED FEB 16 1948

Registration District No. **359**

Primary Registration District No. **4639**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **WAYNE**  
(b) City or town **WILLIAMSVILLE**  
(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 **59 yr - 9 mo - 14 da** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **GRACIE ANN BILBREY**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **THOMAS SAIRE BILBREY** 6. (c) Age of husband or wife if alive **15** years (Day) (Year)  
7. Birth date of deceased **FEB 15 1888** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**59 9 24** hr. min.

9. Birthplace **WILLIAMSVILLE MO.** (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business **HOME**

MOTHER FATHER { 12. Name **JAMES STREET MAHER**  
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 **Charles Billings**  
(b) Address **1242 Robins Venice Lee**

17. (a) **RURAL** (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation **DUNCAN CEM**

18. (a) Signature of funeral director **Thomas W. Gosh**  
(b) Address **St. Louis Missouri**

19. (a) **Jan 9 1948** (b) **June 6. Piles**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **WAYNE**  
(c) City or town **WILLIAMSVILLE** (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 **DEC** day **9**  
year **1947** hour **8:00** minute **P** M.

21. I hereby certify that I attended the deceased from **15 Nov** to **9 Dec** 19**47**  
that I last saw her alive on **30 Nov** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of breast.** Duration

Due to  
Due to

Other conditions **Seriously Carcinoma of prostate**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **50**

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) (c) Means of injury

23. Signature **Charles Billings** (M.D. or other)  
Address **Poplar Bluff, Mo.** Date signed **16 Dec 47**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4

File Number 248-139  
2-11-48

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 me

working under my personal supervision.  
Registered Apprentice No. \_\_\_\_\_

Signed Marvin E. Bowler

Licensed Embalmer No. 4476

P. O. Address Piedmont, Ind

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.