No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1948

Registration District No. 67

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11844

Primary Registration District No. 0260

Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Chadwick
(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: 1 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Christian
(c) City or town: Chadwick
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Sarah Cornelia Billingsley
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: widow 2
6. (b) Name of husband or wife: Louis Billingsley
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) 31 (Day) 1872 (Year)

8. AGE: Years 76 Months 3 Days 15 If less than one day hr. min.

9. Birthplace: Taney Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER
12. Name: C. W. Cotton
13. Birthplace: Probably Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Rector
15. Birthplace: Probably Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Burdie Chase
(b) Address: Highlandville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 17-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Chadwick, Mo
18. (a) Signature of funeral director: John D. Harris
(b) Address: Chadwick Mo
19. (a) Mar 29-48 (Date received local registrar) (b) Lillie Barr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 11th 1948 to Feb 15th 1948 that I last saw her alive on Feb 11th 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Hypostatic Pneumonia | 4 days |
| Due to Senility | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: No
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:
(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) (e) Means of injury:

23. Signature: Harvey W. Nelson (M. D. or other)
Address: Sparta, Mo. Date signed 2-28-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 448-481
Date Filed APR 29 1940

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 John A. Harris

Licensed Embalmer No. #390

P. O. Address Chadwick, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.