

Registration District No. ~~358~~ 358

Primary Registration District No. 6218

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

1. PLACE OF DEATH:

(a) County Vermont
(b) City or town Rural - RFD #2 Walker, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Walker Dwp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 23 years
(years, months or days)

3. (a) PRINT FULL NAME JULIA CATHERINE BILYEU
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pleasant Bilyeu
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Jan. 22 1851
(Month) (Day) (Year)

8. AGE: Years 97 Months 3 Days 3
If less than one day hr. _____ min. _____

9. Birthplace Russellville - Kentucky!
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER {
12. Name William Simmons
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jane Davis
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. D. Miller
(b) Address Walker, Mo.

17. (a) Burial (b) Date thereof 4 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Allen Hays
(b) Address Nevada, Mo.

19. (a) Apr 27-1948 (b) Dr. C. B. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vermont 108
(c) City or town Walker, Mo. RFD 2
(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 20 day April
year 48 hour 11 minute A M.
21. I hereby certify that I attended the deceased from April 13
1948 to April 20, 1948
that I last saw her alive on April 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy of Brain
Due to hypertension

Due to arterial sclerosis

Other conditions C. B. Davis M.D.
(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) _____
(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 C. B. Davis (M. D. or other) _____
Address Walker, Mo. Date signed 4-26-48

RECEIVED

District Health Officer No. 7,

District File Number 4-48-454

Date Filed 5-3-48

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.....

Bert B. Bennett, Registered Apprentice No. 83,
working under my personal supervision.

Signed Allen V. Karp

Licensed Embalmer No. 1968

P. O. Address Nevada 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.