No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30406

FILED OCT 4 1948

Registration District No. 9 — Primary Registration District No. 30-43 — Registrar's No. 303

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. R. # 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --- (Specify whether years, months or days)
In this community: 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R. R. # 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME: WILLIAM F. BILLINGS
3. (b) If veteran, name war: ---
3. (c) Social Security No.: ---
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Myrtle Billings
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: June (Month) 16 (Day) 1876 (Year)

8. AGE: Years 72 | Months 3 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace: New Canton (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: farmer
11. Industry or business: --

FATHER
12. Name: John J. Billings
13. Birthplace: Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Amanda Fisher
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Myrtle Billings
(b) Address: R. R. # 4, Hannibal, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 9/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Shearer Cemetery New Canton, Ill.
18. (a) Signature of funeral director: Roy P. Schwartz
(b) Address: 1000 Broadway, Hannibal, Mo.
19. (a) 9-21-48 (Date received local registrar) (b) D. B. McLucky (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1948 hour 4 minute - a. m.

21. I hereby certify that I attended the deceased from Jan 1948 to Sept 20 1948 and that I last saw him alive on Sept 20 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr myocarditis — Duration
Due to:
Due to:
Other conditions: Secondary Anemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 0
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: (1)

23. Signature: J. J. Lockman (M. D. or other)
Address: 1001 Illinois Hannibal Mo Date signed: 9/21/48

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

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

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 Kenneth R. Salsman, Registered Apprentice No. 273, working under my personal supervision.

Signed Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal, 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.