S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 30 1948

Registration District No. 291

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5998

State File No.

Registrar's No. 62

1. PLACE OF DEATH:
(a) County Putman
(b) City or town Powersville-Rural-York Twp
(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 (Specify whether
In this community 6 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Laredo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bessie Leona Billingsley
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William Albert Billingsley
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased November (Month) 2 (Day) 1878 (Year)

8. AGE: Years 69 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Galt (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Elias Rains
13. Birthplace Grundy County (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Eliza Jane Williams
15. Birthplace Grundy County (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mrs Homer E. Knapp
(b) Address Galt Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Laredo Cemetery
18. (a) Signature of funeral director E. J. Robertson Funeral Home
(b) Address Laredo Mo
19. (a) 9-20-48 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1948 hour 19 minute am M.
21. I hereby certify that I attended the deceased from Sept 10, 1948 to Sept 17, 1948
that I last saw her alive on Sept 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Paraplegia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 8 3 D

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
23. Signature J. M. Perry (M. D.)
Address Princeton Mo Date signed Sept 18 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-48-1696
Date Filed SEP 29 1948

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 M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.