No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31755

Registration District No. 340 — Primary Registration District No. 6151 — Registrar's No. 57

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Hill's store community Elk Twp.
(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 (Specify whether
In this community six mos
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind. (b) County 799
(c) City or town South Bend
(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 ✓

3. (a) PRINT FULL NAME Curtis Billups
3. (b) If veteran, name war World War I
3. (c) Social Security No. 321-12-6913
4. Sex Male
5. Color or race colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida Mae Billups
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Dec. (Month) 24 (Day) 1890 (Year)

8. AGE: Years 57 Months 8 Days 25 If less than one day hr. min.
9. Birthplace Gary (City, town, or county) Ind. (State or foreign country)
10. Usual occupation Farmer + Steel Mill Worker
11. Industry or business
FATHER
12. Name Billy Billups
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace ✓ (City, town, or county) ✓ (State or foreign country)
16. (a) Informant Ida Mae Billups
(b) Address Parma Route 1 Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo.
18. (a) Signature of funeral director W. R. Knight
(b) Address Malden Mo.
19. (a) 10-1-48 (Date received local registrar) (b) Velma V. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1948 hour 7:30 minute P. M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Jury Verdict from Gun shot wound Gun fired by Walter Davis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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) homicide
(b) Date of occurrence Sept. 19-1948
(c) Where did injury occur? Hill's Store (City or town) Stoddard (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury Gun shot wound
23. Signature Alex ... (~~M. D. or~~ other) Cor.
Address Dexter, Mo. Date signed 9-19-48

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

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

2395
1 5

AUG 25 1948

1500

RECEIVED
District Health Office No. 2
District File Number 10-48-128K
Date Filed 10-5-48

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 ....., Registered Apprentice No....., working under my personal supervision.

Signed Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address Malden, 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.