

FILED MAY 13 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14427

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township West oak Primary Registration District No. 42.10 Registered No. 86
 or Irish mo
 (c) City Irish mo (d) Street No. 1 St. 12
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 60 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

John Arvin Billings
 (a) Residence, No. Irish mo St. 1 (If nonresident, give city or town and State)
 Usual place of abode, if no street address, write county or city

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-3-1875</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>10</u>
	DAYS <u>—</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Carpenter</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois 1</u>		
FATHER	13. NAME <u>Alfred Billings</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk Iowa 1</u>	
MOTHER	15. MAIDEN NAME <u>Lynia Cannon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebo Illinois</u>	
17. INFORMANT (ADDRESS) <u>Geo D Bellings Kansas City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Irish mo</u> DATE <u>4-5-42</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Fred Wilhelm Clinton Mo</u>		
20. FILED <u>April 4, 1942</u> <u>Georgia Kitchem</u> <u>9.11</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1942

22. I HEREBY CERTIFY, THAT I attended deceased from

..... 19..... to..... 19.....

I last saw him..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

This man was deadon my arrival. Fromhistory I believe he diedsuddenly from Coronary Occlusion

Other contributory causes of importance:

94a

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury..... 224. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) R.S. Hallingsworth Coroner M. D.(Address) Clinton Mo 4-3-42

RECEIVED

District Health Officer No. 7,

District File Number 5-42-467

Date Filed 5-6-42

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 Fred Wickens
Licensed Embalmer No. 2478
P. O. Address Clinton 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, above space should be left blank.