

FILED JUN 7 5 1946

Registration District No. 7375

Primary Registration District No. 2023

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
215 N. Main St 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 23 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
 (c) City or town Clinton 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 215 N. Main St. 2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME LORENA BILLINGS

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 M
 6. (b) Name of husband or wife Luther Billings 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Aug 31 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 26 hr. min.

9. Birthplace Columbus Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name C. B. Jones

13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

14. Maiden name Ida Brown

15. Birthplace unknown 4
 (City, town, or county) (State or foreign country)

16. (a) Informant J. H. Billings

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 5-29-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director [Signature]
 (b) Address Clinton Mo.
 19. (a) 5-29-46 (b) A. P. Kinsley
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
 year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 27
 1946, to May 27 1946;
 that I last saw her alive on May 27 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 5 da
 Due to Concomitant of liver 271

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 468
 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?
 (Specify type of place)

23. Signature [Signature] (M. D. or other) MD
 Address Clinton Mo. Date signed 5-29-46

RECEIVED
District Health Officer No. 7,
Elect. No. 5-46-505
Date Filed 6-4-46

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 Frank Decker
Licensed Embalmer No. 7578
P. O. Address Clinton, N.Y.

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.

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town Henry Clinton
(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 _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Lorena Billings
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 31
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 2 (If less than one day) _____ hr. _____ min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR Year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____

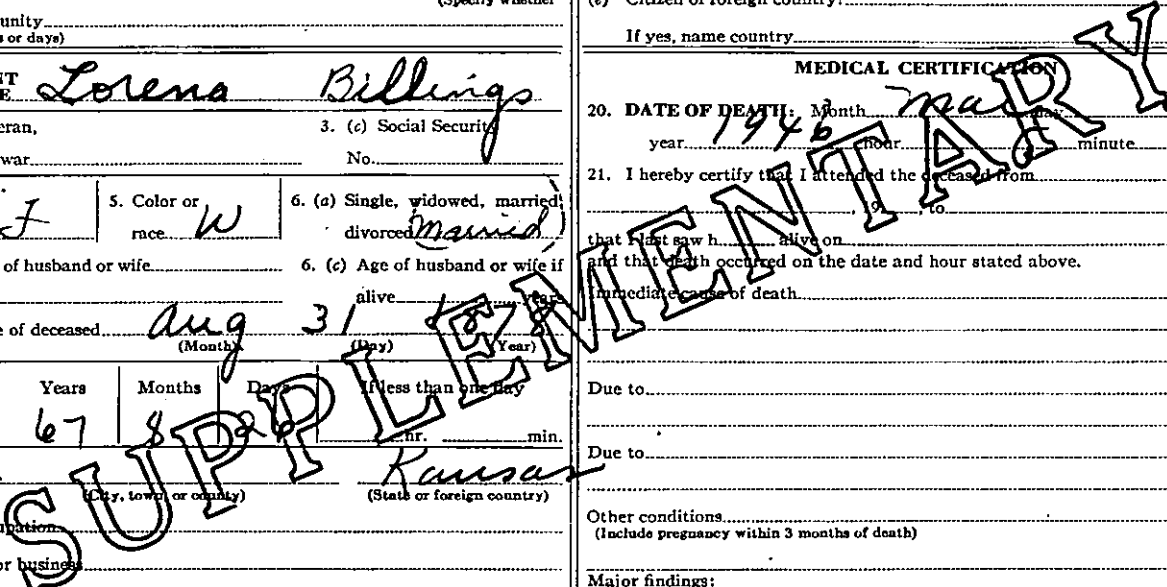
Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____



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

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