

AUG 22 1939

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

25791  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
(b) Township Independence Primary Registration District No. 3019 Registered No. 232  
(c) City Independence (or) Street No. Independence Sanitarium St.  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 420 Cecil Ray Bills St. Buckner, Mo. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Mae Bills

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pump Repairing  
9. Industry or business in which work was done, as saw mill, bank, etc. Standard Oil Co.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Comstock, Neb.

FATHER 13. NAME Jack S. Bills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Rebecca Prettyman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neb.

17. INFORMANT (ADDRESS) Lillie Mae Bills  
Buckner, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Maund Cemetery DATE July 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gato Speck, Home  
Independence, Mo.

20. FILED July 20, 1939 F. L. Cook Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18-39 19

22. I HEREBY CERTIFY, That I attended deceased from 7:45 19

I last saw him alive 19 Death is said to have occurred on the date stated above, at 7:45 m.

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

gun - 3rd degree Burn, Body Date of onset

Shots

Other contributory causes of importance: 10  
11

Name of operation Autopsy Date of 7-18-39

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Date of injury 7-18-39

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

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

Manner of injury Explosion of Hawley Truck

Nature of injury Burn, Body

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes

(Signed) Russell J. ..., M. D.

369 (Address) ...

**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 me

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

Signed

*Roland Sparks*

Licensed Embalmer No. 3604

P. O. Address Griffin 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.**