

Registration District No. 181

Primary Registration District No. 4107

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County CHRISTIAN  
(b) City or town BILLINGS MO  
(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 \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME LOUISE FILLMER 1156

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife JOHN FILLMER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JAN 30 1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name CARL SCHMIDT

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

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Wilkes

(b) Address Billings Mo

17. (a) Burial (b) Date thereof May-18-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem

18. (a) Signature of funeral director R. W. Stewart

(b) Address Billings Mo

19. (a) May-20-1940 (b) Mrs Louise Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CHRISTIAN  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 28 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 16<sup>th</sup>, 1940, to \_\_\_\_\_, 1940;  
that I last saw her alive on May 16<sup>th</sup>, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 977

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature R. W. Stewart (M. D. or other) !  
Address Billings, Mo Date signed 5-17-40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

2

RECEIVED

District Health Officer No. 6,

District File Number 640-1363

Date Filed JUN 10 1940

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.....

*Everett P. Head*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Everett P. Head*

Licensed Embalmer No. 4038

P. O. Address Billings, 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.