No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1940

Registration District No. 384

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18577

Primary Registration District No. 4227

Registrar's No.

1. PLACE OF DEATH:

(a) County: Howell

(b) City or town: West Plains, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Howell

(c) City or town: West Plains, Mo
(If outside city or town limits write "RURAL")

(d) Street No.: 0 none
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Lloyd Ray Billups 412

3. (b) If veteran, name war: b

3. (c) Social Security No.: ✓

4. Sex: Wea

5. Color or race: Wht

6. (a) Single, widowed, married, divorced: ✓

6. (b) Name of husband or wife: ✓

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: 4 (Month) — 17 (Day) — 40 (Year)

8. AGE: Years | Months | Days: 17 | If less than one day: ✓ hr. ✓ min.

9. Birthplace: Howell Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: ✓

11. Industry or business: ✓

MOTHER FATHER

12. Name: Fred Billups

13. Birthplace: Greene Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Willie Hicks

15. Birthplace: Ozark Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Fred Billups

(b) Address: West Plains Mo

17. (a) Homeland (Burial, cremation, or removal) (b) Date thereof: 6 (Month) - 5 (Day) - 40 (Year)

(c) Place: burial or cremation: Homeland

18. (a) Signature of funeral director: none

(b) Address: ✓

19. (a) 6-5-40 (Date received local registrar) (b) Vida W Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-17-40, 19..., to 5-4, 1940, that I last saw him alive on 5-3-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
W Hooping Cough	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)

While at work? (e) Means of injury

23. Signature: C. Royce Bohren (M. D. or other) MD

Address: West Plains, Mo Date signed: 5-9-40

Bohren

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 5,
District File Number 640 634
Date Filed 6-6-60

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.