

39503

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 689

Primary Registration District No. 2032

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Anne  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 29 years \_\_\_\_\_ (Specify whether)  
years, months or days 2

REC'D DEC 22 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
City or town Louisiana  
(If outside city or town limits, write "RURAL")  
(d) Street No. 523 North Carolina  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 23 day \_\_\_\_\_  
year 1940 hour 2:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from  
11-10, 1939, to 11-22, 1940;  
that I last saw him alive on 11-20, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma -  
generalized. Duration \_\_\_\_\_

Due to Carcinoma of jaw

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

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

Major findings: Carcinoma of jaw  
Of operations \_\_\_\_\_

Of autopsy none

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? \_\_\_\_\_

Signature [Signature] (M. D. or other) MD  
Address Louisiana, Mo. Date signed 11-25-40

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

3. (a) PRINT FULL NAME Charles Billings

8. (b) If veteran, name war MO 3. (c) Social Security No. 491-14-0713

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased March 11 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salt collector

11. Industry or business Bridge

12. Name Richard Billings

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

14. Maiden name Mahata Payne

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

16. (a) Informant's own signature Juanita Clifton

(b) Address Louisiana Mo.

17. (a) Burial (b) Date thereof Nov. 25, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Louisiana Mo.

19. (a) 11 24 40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39  
50M-5-17-39  
I X1931

RECEIVED

District Health Officer No. 10

District File Number 17-40-2239

Date Filed DEC 7 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.....

J. B. Sterne....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. B. Sterne.....

Licensed Embalmer No. 4039.....

P. O. Address Louisiana Missouri.....

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.