

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 17177
Registrar's No. 1839

Registration District No. 299 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatly Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community _____
years, months or days

3. (a) PRINT Henry Billings
FULL NAME

3. (b) If veteran. name war _____ 3. (c) Social Security No. 495-09-521

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife. Clara Billings 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec. 22 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 4 15 hr. min.

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

10. Usual occupation Engineer
11. Industry or business Georgian Courts Apt.

MOTHER FATHER { 12. Name Green Billings
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Amanda ?
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Billings
(b) Address 400 E. Armour Blvd.
17. (a) Burial (b) Date thereof 5/10/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cem.
18. (a) Signature of funeral director Thatcher
(b) Address 1520 N. 5th Street
19. (a) May 10 1941 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 400 E. Armour Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1941 hour 11:20 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ days on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to 70-30 degree burns of the face & body
Other conditions 101
(Include pregnancy within 3 months of death)

Major findings: Of operations 101
Of autopsy Inspection 10
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) Accident
(b) Date of occurrence 5-4-41
(c) Where did injury occur? K.P. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Explosion (Specify type of place) (e) Means of injury with a conf. flag
23. Signature W. H. Carter (M. D. or other)
Address K.C. Mo. Date signed _____

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

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.....
C. H. Hest

Licensed Embalmer No. *2710*

P. O. Address *Kansas City 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, fact should be so stated above.