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FILED JUN 19 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18825

Registration District No. \_\_\_\_\_

Primary Registration District No. 740

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Rural Crooked River  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Richmond Rural 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

3. (a) PRINT FULL NAME WILLIAM RILEY BYLLIEU

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1941 hour 3:00 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: May 3 1941  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 3 1941, to May 13 1941;  
that I last saw him alive on May 13 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ray County \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Immediate cause of death  
Starvation

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Albert James Byllieu

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

14. Maiden name Frances Manley \_\_\_\_\_  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Albert James Byllieu

(b) Address Richmond, Mo. R.F.D.

17. (a) Burial (b) Date thereof May 14, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dockery, Missouri

18. (a) Signature of funeral director Therman

(b) Address Richmond, Missouri

19. May 14 - 1941 (b) P. F. Willetts  
(Date received local registrar) (Registrar's signature)

Due to Failure to supply baby with enough food

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

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

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

Of autopsy \_\_\_\_\_

14

Duration \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J. W. Gaines (M. D. or other) \_\_\_\_\_  
Address Richmond Mo. Date signed 5-14-41

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

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RECEIVED  
District Health Officer No. 8  
District File Number 6-17-41  
Date Filed

**STATEMENT BY LICENSED EMBALMER**

**Body was not embalmed.**

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.....  
*[Signature]*

Licensed Embalmer No. 2073

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