V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37495

State File No.

Registration District No. 187 Primary Registration District No. 5698 Registrar's No. 194

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town (RURAL) Sampsel Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
10½ Mi. N. W./Chillicothe, Missouri
(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 83 years 7 months

2. USUAL RESIDENCE OF DECEASED: 59

(a) State Missouri (b) County Livingston 0

(c) City or town (RURAL) Sampsel Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 10½ Mi. N. W. Chillicothe, Mo
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Wesley Bills

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Luella Bills

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March (Month) 31 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
83	7	28	hr. min.

9. Birthplace Livingston County (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Steven Bills

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

14. Maiden name Luella Gibbons

15. Birthplace Sampsel Twp. (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant Thomas Bills

(b) Address Breckenridge, Missouri.

17. (a) Sampsel, Mo. (Burial, cremation, or removal) (b) Date thereof 12-1-'42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) Nov. 30-1942 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th year 1942 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1 1935 to Nov. 29 1942 that I last saw him alive on Nov. 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency & aortic stenosis

Due to with non compensation.

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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?

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

23. Signature H. W. Grace (M. D. or other)

Address Chillicothe Mo. Date signed 12-1-42

4-58 (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 E. R. Norman, Registered Apprentice No. ....., working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.