

1. PLACE OF DEATH:

(a) County Butter
(b) City or town Caplan Bluff Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Caplan Bluff Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 8 hrs
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butter 12
(c) City or town Julia Mo Rural 5
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lottie Bilger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race w

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

6. (b) Name of husband or wife John H. Bilger

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July 14 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 26 If less than one day hr. - min. -

9. Birthplace Tennessee (City, town, or county) (State or foreign country) 1

10. Usual occupation Home wife

11. Industry or business Home

12. Name unknown

13. Birthplace Tennessee (City, town, or county) (State or foreign country) 1

14. Maiden name Nancy Denton

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

16. (a) Informant Henry Bilger

(b) Address Julia Mo

17. (a) Caplan Bluff (Burial, cremation, or removal) (b) Date thereof Dec 12 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Julia Mo

18. (a) Signature of funeral director Grider Funeral Home (Specify type of place) While at work? (e) Means of injury _____

(b) Address Campbell
19. (a) 12-15-42 (Date received local registrar) (b) Belle Stine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1942 hour 6 minute 21 A.M.

21. I hereby certify that I attended the deceased from Dec 9 1942 to Dec 10 1942 that I last saw her alive on Dec 9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 3 day

Due to _____

Due to _____

Other conditions 108
(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?

23. Signature Scott Coats (M. D. or other) _____

Address Julia Mo Date signed 12/10/42

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

12
7
8

RECEIVED

District Health Office No. 2,

District File Number 1242-1721

Date Filed 12-28-42

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

Christina M. Landis

Licensed Embalmer No. 4227

P. O. Address

Campbell, M

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.