S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Chas - Grabske

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2418 ✓

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 6 days

2. USUAL RESIDENCE OF DECEASED: 54

(a) State Mo (b) County Lafayette

(c) City or town Rural - Sni-A-Bar (If outside city or town limits, write "RURAL")

(d) Street No. Sni-A-Bar Twp. (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Jack Bills

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 9

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan (Month) 7 (Day) 1879 (Year)

8. AGE: Years 63 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Marg Gale Billsson
13. Birthplace (City, town, or county) Iowa (State or foreign country) 1

MOTHER
14. Maiden name Marguret Andereon
15. Birthplace (City, town, or county) Iowa (State or foreign country) 1

16. (a) Informant Mrs Jack Bills

(b) Address Bates City. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/ 4/ 43 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Independence Mo.

18. (a) Signature of funeral director A. W. Brownfield

(b) Address Pleasant Hill. Mo.

19. (a) JAN. 4-1943 (Date received local registrar) (b) James W. Ross (Registrar's signature)

1943 1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2 year 1943 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from Dec. 25, 1942 to Jany. 2, 1943 that I last saw him alive on Jany 1, 1943. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	?
Due to Coronary Sclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas. T. Grabske (M. D. or other)

Address Independence, Mo. Date signed 1/2/43

(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 By me Jan. 2-1943, Registered Apprentice No., working under my personal supervision.

Signed A W Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.