

Marken  
7 S. No. 2  
DOM-5-43  
ev. 5-17-39  
X36671

**FILED** MAY 16 1946  
Registration District No. **360**

Primary Registration District No. **6224**

18150  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Vernon  
 (b) City or town Rural, Washington Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: At home  
 (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 ✓

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Vernon  
 (c) City or town Rural - Washington Township  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. ✓ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ✓

**3. (a) PRINT FULL NAME** William Henry Billings  
**3. (b) If veteran,** name war None  
**3. (c) Social Security No.** None

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 1 year 1946 hour 3 minute 25 A.M.  
**21. I hereby certify that I attended the deceased from** Mar 12 1946 to Mar 31 1946  
 that I last saw him alive on Mar 31 1946 and that death occurred on the date and hour stated above.

**4. Sex** Male **5. Color or race** Wd.  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Mary F. Billings  
**6. (c) Age of husband or wife if alive** 76 years  
**7. Birth date of deceased** Mar 16 1864  
 (Month) (Day) (Year)

Immediate cause of death Chronic myocardial insufficiency  
 Due to General arteriosclerosis  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**8. AGE:** Years 82 Months 0 Days 16 If less than one day hr. min.

**9. Birthplace** Kalamazoo Michigan  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Farming

**11. Industry or business** Farming

**12. Name** Henry Billings

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

**14. Maiden name** Unknown

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

**16. (a) Informant** Mrs. W. H. LaMont

**(b) Address** Nevada, Mo

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** Apr 3 1946  
 (Month) (Day) (Year)

**(c) Place: burial or cremation** Newton Burial Park

**18. (a) Signature of funeral director** John Funeral Service

**(b) Address** Nevada, Mo

**19. (a) 4-12-46** (Date received local registrar) **(b) Kathryn Young** (Registrar's signature)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
AM

**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** J. L. Marlin (M. D. or other)  
**Address** Nevada **Date signed** 4-9-46

RECEIVED

District Health Officer No. 7,

District File No. 4-46-446

Date Filed 5-13-46

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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..... Allen J. Keys  
Licensed Embalmer No. 1968  
P. O. Address Nevada 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.**