

S. No. 2  
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-5-17-39  
-1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 25 1946**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **19746**

Registration District No. **59**

Primary Registration District No. **5229**

Registrar's No. **83**

**1. PLACE OF DEATH:**  
 (a) County Cass  
 (b) City or town Strawberry Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Public Highway - Polk Twp.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
(Specify whether)  
 In this community none  
years, months or days

**3. (a) PRINT FULL NAME** Holmes Bilyeu  
**3. (b) If veteran,** World War #2  
name war  
**3. (c) Social Security No.** 515-12-5886

**4. Sex** male **5. Color or race** white  
**6. (a) Single, widowed, married, divorced** single  
**6. (b) Name of husband or wife** XXXX  
**6. (c) Age of husband or wife if alive** XXXX years

**7. Birth date of deceased** October 30, 1923  
(Month) (Day) (Year)

**8. AGE:** Years 22 Months 7 Days 3  
If less than one day  
 hr. min.

**9. Birthplace** Kingsville, Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Returned Veteran.

**11. Industry or business** XXXX

**12. Name** Frederick C. Bilyeu  
**13. Birthplace** Shelby County, Missouri  
(City, town, or county) (State or foreign country)

**14. Maiden name** Sadie M. Streller  
**15. Birthplace** Augusta, Kansas  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Frederick C. Bilyeu  
**(b) Address** Kansas City, Missouri

**17. (a) Burial** Holden, Missouri **(b) Date thereof** June 6, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Holden, Missouri

**18. (a) Signature of funeral director** Canaday & Ropp  
**(b) Address** Holden, Missouri.

**19. (a) 6-10-1946** **(b) Laura J. Jones**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson **48**  
 (c) City or town Kansas City, Missouri **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 120 So. 15th St. **8**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? XXXX years **1**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month June day 1 ex:  
 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**  
Accidental death  
due to striking his auto  
 Due to fracture skull kept  
 Due to fall & broken neck  
from car off side of road  
 Other conditions in to dated  
(Includes pregnancy within 3 months of death)

**Major findings:** NO  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) accident 19  
 (b) Date of occurrence June 1, 1946  
 (c) Where did injury occur? Strawberry Run Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
along side of road  
 While at work \_\_\_\_\_  
(Specify type of place)  
 (e) Means of injury fall

**23. Signature** E. M. Griffith (M.D. or other)  
 Address Harrisonville Date signed 6/4/46

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

180621

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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 W. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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, above space should be left blank.**