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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

Dr. Campbell

State File No.

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield - Rural S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Osteo Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 7
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Bilyeu

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Sanford Bilyeu

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

7. Birth date of deceased Feb. (Month) 14 (Day) 1910 (Year)

8. AGE: Years 36 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Walnut Shade (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jake Henry
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Martha Elizabeth Davis
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Kathryne Howard
(b) Address Leedey, Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Highlandville, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 1-30-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1947 hour 1 minute 30a. M.

21. I hereby certify that I attended the deceased from January 20 1947, 19, to Jan 27, 1947
that I last saw h. ER alive on January 26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lung & Cerebral Hemorrhage	8 Hours
Due to Capillary Fragility	3 Mos
Due to Acute Lymphatic Leukemia	3 Mos approximately
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

74 P

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 2

23. Signature William Campion (M. D. or other) D.V.

Address Springfield Mo. Date signed 1-27-47

(Licensed Embalmer's Statement on Reverse Side)

111

NOV 29 1950

DEC 1 6 1950

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 Walter E Hamaker

Licensed Embalmer No. 3898

P. O. Address Springfield 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.