Y. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Walter 10233
State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 110

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1622 So SNEED 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County PETTIS 80
(c) City or town SEDALIA RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. RFD II 2 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME EDWARD CHAS. BILLO
3. (b) If veteran, name war 0
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MAR. 1
6. (b) Name of husband or wife ELLEN
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased FEB (Month) 23 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
82	0	22	hr. min.

9. Birthplace NEW YORK (City, town, or county) N.Y. 1 (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER 12. Name HENRY BILLO
13. Birthplace N Y 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name AMELIA CRANE
15. Birthplace N Y 1 (City, town, or county) (State or foreign country)
16. (a) Informant C. E. ENGLAND
(b) Address SEDALIA Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL
18. (a) Signature of funeral director Geo Dillard
(b) Address Sedalia
19. (a) 3-17-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 15 year 1947 hour 9:00 minute P M.
21. I hereby certify that I attended the deceased from March 6, 1947, to March 15, 1947, that I last saw him alive on March 15, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio pneumonia	10 da
Due to Influenza	12 da
Due to	
Other conditions (Include pregnancy within 3 months of death) Myocarditis	4-5 yrs

Major findings:
Of operations 3
Of autopsy 3

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 0
23. Signature G. L. Walter (M. D. or other) MD
Address Sedalia Mo Date signed 3-17-47

251 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 4-12-47

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.