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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13092

FILED APR 23 1947

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 307

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 22

(a) State Missouri (b) County Christian 0

(c) City or town Ozark 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Baby Bilyeu

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0

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

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

7. Birth date of deceased 3 (Month) 29 (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	11 hr. 30 min.

9. Birthplace Springfield (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

FATHER
12. Name J. Milburn Bilyeu
13. Birthplace S Christian Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Orphea Maxiene Forgey
15. Birthplace Christian Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant J. Milburn Bilyeu
(b) Address Ozark Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Linden Cemetery

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.

19. (a) 4-1-47 (Date received local registrar) (b) W E Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day ~~[illegible]~~ 30 year 1947 hour 2 minute 05 A M.

21. I hereby certify that I attended the deceased from 29 MARCH, 1947, to 30 MARCH, 1947; that I last saw him alive on 30 MARCH, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death atelectasis, bilateral, severe, ~~cause~~ congenital	Life
Due to PREMATURITY	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 John P. Ferguson (M. D. or other) MD

Address Md Arts Bldg Springfield Mo. Date signed 3/30/47

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.