S. No. 300
M—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16221

Registrar's No. 2324

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
521 EAST 9TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 521 EAST 9TH STREET 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MR. RUSSELL EDISON BILBY

3. (b) If veteran, name war NO

3. (c) Social Security No. unknown

4. Sex MALE

5. Color or race WHITE

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of ~~husband~~ or wife MRS. ADA BILBY

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased SEPTEMBER (Month) 13 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
64	8	18	hr. min.

9. Birthplace ORANGE (City, town, or county) NEW JERSEY (State or foreign country)

10. Usual occupation NIGHT WATCHMAN

11. Industry or business PRIVATE EMPLOYMENT

FATHER
12. Name CHARLES BILBY
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name ALICE
15. Birthplace (City, town, or county) " (State or foreign country)

16. (a) Informant MRS. ADA BILBY

(b) Address CONGRESS HOTEL - 521 - EAST 9TH ST.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JUNE 4 1948 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ WESTVILLE, OKLAHOMA

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month JUNE day 1 37
year 1948 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from Nov. 21, 1944 to June 1, 1948
that I last saw him alive on May 31, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Anoxemia	5 min.
Due to Apoplexy	5 min.
Due to Chronic Decompensating Myocarditis	6 mos.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93

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

23. Signature C. Anderson ~~(M. D. or other)~~ D.O.
Address 2433 Independence Ave. Date signed 6-2-48
K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

243.3 Independence Ave
9-2

FEB 1 1957

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.