

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30892**

FILED OCT 10 1942
Registration District No. **87-4**

Primary Registration District No. **3046**

Registrar's No. **50**

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

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME KENETT LEE BILYEAU

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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 Sept 13 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 17 If less than one day
hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Gerald D. Bilyeau

13. Birthplace Moniteau Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Vanmeters

15. Birthplace Moniteau Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Gerald D. Bilyeau

(b) Address California, Mo.

17. (a) burial (b) Date thereof 9-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director F. W. Wilson T. S. on

(b) Address California, Mo.

19. (a) sep 30-42 (b) H. J. Giller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau

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

(d) Street No. 5 mi. so. of California
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1942 hour 12 minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 29 to Sept. 29, 1942
that I last saw him alive on Sept. 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Melena Neovestrum Duration 12 hrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) 161C

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury ?

23. Signature H. J. Giller (M.D. or other) D.O.
Address California Date signed 9/29/42

1312 (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 ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... A. E. Wilson.....

Licensed Embalmer No. 2357.....

P. O. Address California, 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.