

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17859

Registration District No. **85**

Primary Registration District No. **1001**

State File No. \_\_\_\_\_

Registrar's No. **498**

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1505 North 11th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits write "RURAL")  
(d) Street No. 1505 North 11th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 60 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1940 hour 4 minute 43 P. M.  
21. I hereby certify that I attended the deceased from 4-28  
1940, to 5/2, 1940  
that I last saw her alive on 5/2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchial pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions  
Embolism in left femoral artery  
(Include pregnancy within 3 months of death)

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Caroline Billingsley **452**

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife David H. 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased. September 20 1852  
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 12 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Mason Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Unknown

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

14. Maiden name Mary Stalcup

15. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. M. Crumpton

(b) Address 1505 North 11th, St. Joseph, Mo.

17. (a) burial (b) Date thereof May 4, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) May 4, 1940 (b) HJ Neidhard  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations ✓  
Of autopsy ✓

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? 85  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. Sauman (M. D. use other)  
Address Kirkpatrick Bldg. Date signed 5/3/40

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

MOTHER FATHER  
MOTHER FATHER

**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.....



Licensed Embalmer No. No. 3946

P. O. Address St. Joseph, Missouri.

**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, above space should be left blank.**