

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42169

State File No. ....

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1116 North Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days) 35 Years

3. (a) PRINT FULL NAME ANNA BILLING  
3. (b) If veteran, name war..... X  
3. (c) Social Security No. .... X

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife..... John Billing  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 24, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 7 4 ..hr. ....min.

9. Birthplace..... England, ✓  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown  
13. Birthplace " 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace " 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Hanna

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof Dec. 30, 1941  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mort.

(b) Address Joplin, Missouri

19. (a) 12-29-41 (b) Ed S. James  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 75  
(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1116 North Street, 3-  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28  
year 1941 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from.....  
Dec. 26, 1941 to Dec. 28, 1941. 19.....  
that I last saw her alive on Dec. 28, 1941. 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Apoplexy.  
Due to Hypertension.

Due to Arteriosclerosis.  
( 84 years of age )  
Other conditions Chronic eczema.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
8301  
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..... 0  
23. Signature Dr. B. Chapman M.D. or other).....  
Address Joplin, Missouri 12/28/41 Date signed

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

49  
2  
3

372

42-1-1156

**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..... *David Blilow* .....

Licensed Embalmer No. *3898* .....

P. O. Address..... *Joplin, 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.**