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. 40462

FILED DEC 24 1946

Registration District No. 1 47

Primary Registration District No. 1002

Registrar's No. 5228

**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: TUGGLES CONVALESCENT HOME 4 3231 PROSPECT
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 MONTHS (Specify whether)
In this community 40 YEARS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 5930 BLUE RIDGE BLVD.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country - - - -

3. (a) PRINT FULL NAME MINERVA KATHERINE BILLUPS

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband ~~or wife~~ MR CLYDE C. BILLUPS

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased OCT. 24th 1867
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 79 | 1 | 17 | hr. min. |

9. Birthplace MONTROSE IOWA 1
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry ~~or business~~ AT HOME

FATHER
12. Name PHILLIP W. FERGUSON 9
13. Birthplace UNKNOWN 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH A. SPEAKS
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alice M. Stone
(b) Address 117 E 4 Trwood

17. (a) BURIAL (b) Date thereof DEC-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ MEMORIAL PARK CEMETERY KANSAS CITY, KANSAS

18. (a) Signature of funeral director D.H. Newcomers Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 12-13-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month DEC. day 11th
year 1946 hour 6 minute 60 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1944 ~~Dec 11 46~~ to Dec 11 1946
that I last saw her alive on Dec 10 46
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration 48 hrs

Due to Senility — 2 yrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.
Address [illegible] Date signed 12-12-46

(Licensed Embalmer's Statement on Reverse Side)

2.80-5

## 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. Earl Rafaf

Licensed Embalmer No. 3458

P. O. Address K.C. Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**