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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 10 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

192

State File No. ....

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 152

**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: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community 15 years

**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. 1321 Penn Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

**3. (a) PRINT FULL NAME** Mimmie Beattie

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Ryburn Beattie

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

7. Birth date of deceased June 4 1873  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 29  
year 1947 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 18 1945  
that I last saw her alive on 1/29 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 7 Days 25  
If less than one day hr. min.

9. Birthplace Andrew County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Immediate cause of death Cerebral hemorrhage Duration 1 day

Due to chronic hypertension 54

Due to chronic hypertonia 57

Other conditions (Include pregnancy within 3 months of death) .....

**MOTHER FATHER**

11. Industry or business .....

12. Name John Phillips

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

14. Maiden name Sarah Langley

15. Birthplace Grundy County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. H. Robinett

(b) Address 1915 Savannah Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1/31/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Cemetery

18. (a) Signature of funeral director Halter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Missouri

19. (a) 2-4-47 (b) W. L. Jenkins  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations .....

Of autopsy 93D

**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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? Yes (Specify type of place) .....

(c) Means of injury Car

23. Signature W. L. Jenkins (M. D. or other) .....

Address 1321 Penn St., St. Joseph, Mo. Date signed 1/30/47

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

382

50/172

