

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28623  
Do not use this space.

REC'D SEP 12 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township..... Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. 902 Edmond St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME CHRISTINA TODD MCKILLIP

(a) Residence, No. 902 Edmond St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29th. 1862  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 8 20  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Ready to Wear  
 10. Date deceased last worked at this occupation (month and year) Hirschman's (Total number of years spent in this occupation) 36  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guelph Canada.  
 FATHER 13. NAME Thomas McKiplip  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Canada  
 MOTHER 15. MAIDEN NAME Jean Scott  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Canada  
 17. INFORMANT (ADDRESS) Mrs. A.A. McDonald  
1321 Ridenbaugh St. Joseph.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora DATE Aug. 20th. 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC.  
1946 Calhoun St. Joseph, Mo.  
 20. FILED 8/22 19 39 H. MacCuberty  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19th. 1939  
 22. I HEREBY CERTIFY, That I viewed deceased from Aug. 21 19 39, to....., 19.....  
 I last saw him ### at ###, 19..... Death is said to have occurred on the date stated above, at 11.30AM  
 The principal cause of death and related causes of importance were as follows:  
Acute Coronary Thrombosis Date of onset  
 Other contributory causes of importance: Arterio Sclerosis  
 Name of operation None Date of.....  
 What test confirmed diagnosis? History Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify.....  
 (Signed) B.W. Tadlock Coroner, M. D.  
King Hill Bldg (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

*John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

**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.**