S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16823

FILED JUN 7 1943

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 2227

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2650 E. 7th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether in this community 4 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2650 E. 7th 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Mary May Billiu

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 Married

6. (b) Name of husband or wife John W. Billiu

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May (Month) - 10 (Day) - 1892 (Year)

8. AGE: Years 51 Months 0 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace Fayetteville (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Bunion I. Richeson
13. Birthplace Unknown (City, town, or county) — (State or foreign country)

MOTHER
14. Maiden name Alice Brown
15. Birthplace Unknown (City, town, or county) Kan. (State or foreign country)

16. (a) Informant Mr. John W. Billiu
(b) Address 2650 E. 7th K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 (Month) 1943 (Day) (Year)
(c) Place: burial or ~~cremation~~ Woodlawn-Indep. Mo.

18. (a) Signature of funeral director Ott Mitchell
(b) Address 310 N. Main Indep. Mo.

19. (a) 5-14-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1943 hour 6 a.m. minute P M.

21. I hereby certify that I attended the deceased from Mch - 14 - 1943, to May 12 - 1943 that I last saw her alive on May 12 - 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Insufficiency	- 3 days
Due to: Obesity - 4 d C	15 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
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 S. B. Hibbard (M. D. ~~or other~~)

Address 226 Lathrop Bldg. Date signed May 14-43

(Licensed Embalmer's Statement on Reverse Side)

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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.