

34903 ✓

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 129

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

NOV 19 1943

Registration District No. 50

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Precinct 1007  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Jackson Emergency Hosp.  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 7 hours  
(Specify whether years, months or days) 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Plains City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8822 Anderson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 1 years.

8. (a) PRINT FULL NAME Elizabeth Billington

8. (b) If veteran, name war none 8. (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 Charles Billington 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 6 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name John Douglas

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

14. Maiden name unknown

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

16. (a) Informant Charles Billington

(b) Address 8822 Anderson, C.M.U.

17. (a) Funeral (b) Date thereof Oct-11-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Cem.  
18. (a) Signature of funeral director George E. Carson  
(b) Address Independence, Mo.  
19. (a) Oct. 11, 1943 (b) F. H. Schick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct- day 8th  
year 1943 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 7th, 1943 to Oct 8th, 1943, that I last saw her alive on Oct 7th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Advanced carcinoma both breasts + metastases to region of lungs.

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature F. B. Dailey (M. D. or other) 10-8-43  
Address Jackson Co. Emg Hosp. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

S. No. 2  
-11-10-39  
5-17-39  
-I X21492

48  
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1162

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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 Stanley Smith

Licensed Embalmer No. 2467

P. O. Address Indep. 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, above space should be left blank.**