No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 29 1947
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40943

Primary Registration District No. 1000

Registrar's No. 1511

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 70 Years 6-Mo. 22 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 917 Angelique 7
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary B. Killin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased May (Month) 30 (Day) 1877 (Year)

8. AGE: Years 70 Months 6 Days 22 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation DMomestic Work

11. Industry or business None

FATHER
12. Name Robert E. Killin
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Ellen Doren
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Miss Lois Killin
(b) Address 506 North 9th st, St. Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24- 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union st St Joseph Mo.

19. (a) 12-26-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 392

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1947 hour 2 minute 40 p.M.

21. I hereby certify that I attended the deceased from Nov 1, 1947 to 22 Dec 1, 1947; that I last saw her alive on Dec 22, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	Approx 1/2 hrs.
Due to (1) Arteriosclerosis general	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94A	

PHYSICIAN

Underline the cause of 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 Wm B. Rost (M. D. or other) MD

Address 510 Carby Bldg St. Joseph, Mo Date signed 23 Dec 47

Jefferson City Printing Co. (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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed.....Robert L Yaple.....

Licensed Embalmer No.....3308.....

P. O. Address.....St Joseph, 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.