No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32797

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4157

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
211 West Armour 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 211 West Armour 3
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Nell M. Billings

3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Earl F. Billings
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years About 65 | Months x | Days x | If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation at home,
11. Industry or business no.

FATHER
12. Name unknown,
13. Birthplace Virginia 1 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. J. B. Robinson 1
(b) Address 5111 Wornall Road, K. C., Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 10-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1948 hour 12:35 minute A. M.

21. I hereby certify that I attended the deceased from July 1946 Oct 11, 1948, to , 19 ;
that I last saw her alive on Oct 11 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage unknown	
Due to Arterial Sclerosis	
Due to	
Other conditions Broken hip Aug 1947 (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

186a 18

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) Accident 123
(b) Date of occurrence August, 1947
(c) Where did injury occur? Kansas City, Jackson, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - Fell down steps (Specify type of place)
While at work? no (e) Means of injury Fall

23. Signature Gertrude Stevens DO Gertrude Stevens (M. D. or other)
Address 1103 E Armour Date signed 10-12-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Gertrude Stevens

3 ~~[illegible]~~ Li 7447 Va 4845

armour & Troost

Lei Office - armour & Troost till 4 pm today 11th. Be in at noon Tues. Va 4845

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 William T. Anderson, Registered Apprentice No. 259, working under my personal supervision.

Signed L. J. Allen

Licensed Embalmer No. 1415

P. O. Address K. C. 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.