

DEC 7 4 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38186  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 3515 Wyandotte  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 450 John R. Killion  
 (a) Residence, No. 3515 Wyandotte 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Regina Killion

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>32</u>	<u>11</u>	<u>—</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney  
 9. Industry or business in which work was done, as saw mill, bank, etc. Claim-agent  
 10. Date deceased last worked at this occupation (month and year) Stove Mfg. Co.  
 11. Total time (years) spent in this occupation 9/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

FATHER

13. NAME Raymond F. Killion  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Nellie L. Dobbins  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Mrs. Regina Killion  
 (ADDRESS) 3515 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE Nov. 14 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK AND TOBIN CO. Kansas City, Mo.

20. FILED Nov 13 1938 M. M. Cramer  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11, 1938

22. I HEREBY CERTIFY That I attended deceased from May 9 1938 to Nov-11 1938.  
 I last saw him alive on Nov. 10 1938. Death is said to have occurred on the date stated above, at 2:35 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Subacute bacterial endocarditis (a. reg. viridans) (Date of onset May 1938)  
g/a  
 Other contributory causes of importance:  
Nephritis (metastatic multiple) May 1938  
emboli  
Cerebral embolism

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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 Food & Laundry  
 (Signed) Food & Laundry M. D.  
 (Address) 1026 Luther Bldg. 11 & 12

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**