

REC'D JAN 13 1939

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

41713
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100 Registered No. 4779
 (c) City St. C. Mo. (d) Street No. General Hospital #2 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Chas. Killingsworth
 (a) Residence, No. 2133 West 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matie Killingsworth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-10-1879
 7. AGE YEARS 59 MONTHS 10 DAYS 24 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

FATHER 13. NAME Chas. Killingsworth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
 MOTHER 15. MAIDEN NAME Emma Marr
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Record Clerk General Hosp
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Sec 3 DATE Dec 8 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Boyle Bros. 1708 Spruce Ave.
 20. FILED Dec 8 1938 M. M. Browne Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4 1938
 22. I HEREBY CERTIFY, That I attended deceased from 7-26 1938 to 12-4 1938
 I last saw him alive on 12-4 1938 Death is said to have occurred on the date stated above, at 11:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Hypertensive Type of Heart Disease
 Date of onset 95
 Other contributory causes of importance:
Hypertension
 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?.....
 If so, specify (Signed) General Hospital #2 (Address)

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. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD I X14023

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.