

REC'D MAY 10 1939

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

13710

Do not use this space.

## 1. PLACE OF BIRTH

(a) County Jackson Registration District No. 399  
(b) Township Kau Primary Registration District No. 1007  
(c) City Kansas City (d) Street No. St. Josephs Wash Registered No. 1464  
(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

Frank W. Kill  
(a) Residence, No. Keytesville Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-5-1872</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>5</u>
	DAYS <u>0</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation <u>22</u>
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>William E. Kill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mass</u>	
MOTHER	15. MAIDEN NAME <u>Sallie Scott</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Mrs. Frank Bernardine</u> (ADDRESS) <u>5946 Ward Parkway K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood Cremation</u> DATE <u>4/6/39</u>		
19. FUNERAL DIRECTOR <u>Strick &amp; McClure</u> (ADDRESS) <u>K.C. Mo.</u>		
20. FILED <u>4-6-39</u> <u>M. M. Crowe, reg.</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5/39  
22. I HEREBY CERTIFY, That I attended deceased from Dec, 1938, to April 5, 1939.  
I last saw him alive on April 5, 1939. Death is said to have occurred on the date stated above, at 3:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Coronary occlusion  
myocardial infarct  
Atrioventricular fibrillation  
Pulmonary edema  
Other contributory causes of importance: arteriosclerosis

Date of onset

Name of operation ..... Date of .....  
What test confirmed diagnosis? autopsy Was there an autopsy? yes  
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 A. J. Gifford, M. D.  
(Signed) A. J. Gifford  
(Address) 1227 Ruffin Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12904

William Beatty

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
Licensed Embalmer No.....

**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.)**