

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22208  
Do not use this space.

REC'D JUL 8 1939

1. PLACE OF DEATH  
 (a) County Harrison Registration District No. 341  
 (b) Township South Grant Primary Registration District No. 5477  
 (c) City ..... (d) Street No. .... 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 Dan W. Killion  
 (a) Residence, No. 7 Harrison 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 1862

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>76</u>	<u>4</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Terra Haute (STATE OR COUNTRY) Indiana

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs Lola Miller (ADDRESS) Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marian Cemetery DATE April 20 1939

19. FUNERAL DIRECTOR (NAME) Joe E. Wheeler (ADDRESS) Bethany Mo

20. FILED Apr 20 1939 Lex Brewer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1939, to 4-16, 1939  
 I last saw him alive on 4-16, 1939 Death is said to have occurred on the date stated above, at 3 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Biliary Calculi  
 Other contributory causes of importance: None  
 Name of operation None Date of 4-16  
 What test confirmed diagnosis? None 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 .....  
 (Signed) W. J. Gray, M. D.  
 (Address) Bethany Mo

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.

RECEIVED  
District Health Officer No. 997  
District File Number 739-170  
Date Filed JUL 7 1936

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.....

*Joe E. Wheeler*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Joe E. Wheeler*  
Licensed Embalmer No. *3512*  
P. O. Address *Bethany 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, above space should be left blank.