

Registration District No. _____

Primary Registration District No. 6130

Registrar's No. 35

NOV 24 1939

1. PLACE OF DEATH:

(a) County Jenny
(b) City or town Horseshoe
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jenny
(c) City or town Horseshoe
(If outside city or town limits, write "RURAL")
(d) Street No. Log Cabin Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

In this community _____ years, months or days 2 years

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Wade Killion 420

20. DATE OF DEATH: Month Oct. day 2nd.
year 1939 hour about 9 minute _____ a. M.

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on Oct. 2nd and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

Immediate cause of death Heart trouble Duration _____
N.M.D.

6. (b) Name of husband or wife Tom Killion 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 8 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 24 _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace _____ (City, town, county) (State or foreign country)

10. Usual occupation 2nd hand furniture

11. Industry or business _____

12. Name Samuel Killion

13. Birthplace Ind (City, town, county) (State or foreign country)

14. Maiden name Lucy Thompson (City, town, county) (State or foreign country)

15. Birthplace Ind (City, town, county) (State or foreign country)

16. (a) Informant's own signature Stanley Killion

(b) Address Braman, Okla.

17. (a) _____ (b) Date thereof 10/4/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Braman, Okla.

18. (a) Signature of funeral director P. J. Horn

(b) Address Braman, Mo.

19. (a) 10-2-39 (b) John H. Baxter
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy no

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes over road

While at work? _____ (e) Means of injury _____

23. Signature Ed Arnold (M. D. or other) _____

Address Forsyth, Mo. Date signed 10/3/39

WRAP PLAINLY - USE WRAPPING BLACK INK - MAKE 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.

1 X1051

RECEIVED

District Health Officer No. 6,

District File Number 1139-2167

Date Filed NOV 3 1939

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. 2641

P. O. Address Branson

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.