

Registration District No. 851

Primary Registration District No. 4388

Registrar's No. 118

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 2
(Specify whether

In this community
years, months or days)
8. (a) PRINT FULL NAME Samuel Hugh Killette
8. (b) If veteran, name war 1130
8. (c) Social Security No. 1130

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Still Born hr. 0 min.

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

10. Usual occupation 1 0

11. Industry or business 0

MOTHER FATHER
12. Name S. H. Killette
13. Birthplace Quills mo
(City, town, or county) (State or foreign country)

14. Maiden name Wendy Mae Killette
15. Birthplace Donnet City, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature S. H. Killette
(b) Address 358 E. 7th St. Quills mo

17. (a) Burial Little Springs (b) Date thereof 11-27-39
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Little Springs

18. (a) Signature of funeral director J. B. Smith
(b) Address Caruthersville mo

19. (a) Nov 28 1939 (b) Ada Martin 585
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pemiscot
(c) City or town Caruthersville mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 26
year 1938 hour noon minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

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

Major findings:
Of operations None
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature O. O. Ooster (M. D. or other) _____
Address Caruthersville Date signed 11/29/39

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. 3,

District File Number 1239-71

Date Filed 12/9/39

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.