

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

43391

Do not use this space.

**1. PLACE OF DEATH**

(a) County GREENE Registration District No. 316  
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 921B  
 (c) City SPRINGFIELD (d) Street No. Springfield Baptist Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Flora Sue Killingsworth

(a) Residence, No. 452 St. Wood No. 8  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 19, 1939  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
0 0 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) Springfield Mo  
 (STATE OR COUNTRY) Greene Co.

FATHER 13. NAME William Killingsworth

14. BIRTHPLACE (CITY OR TOWN) Greene Co. Mo  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Alice Jurgis

16. BIRTHPLACE (CITY OR TOWN) Greene Co. Mo  
 (STATE OR COUNTRY)

17. INFORMANT William Killingsworth  
 (ADDRESS) Ash Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant Cemetery DATE Dec. 20, 1939

19. FUNERAL DIRECTOR (NAME) Brim Funeral Service  
 (ADDRESS) Ash Grove Mo

20. FILED 12/20, 1939 Chas. H. McGhie, Jr.  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from delivered his baby still birth, 19...  
 I last saw him alive on Dec 19, 1939. Death is said to have occurred on the date stated above, at 2:55 A.M.  
 The principal cause of death and related causes of importance were as follows:

subgastric uterus  
mechanical strangulation  
due to umbilical cord  
looped around left ankle

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Charles H. McGhie, Jr., M. D.

(Address) Ash Grove 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.

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**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 \_\_\_\_\_

*J. P. Birch*

Licensed Embalmer No. 3856

P. O. Address Old Grove Me

**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.**