

FILED FEB 12 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2251

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas(b) Township Walls(c) City Squires, Missouri

(e) Length of residence in city or town where death occurred

2
1091
Registration District No.Primary Registration District No. 5278Registered No. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Oral Kilburn St. Squires, Missouri
(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

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single

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

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

Nov. 8, 1920

7. AGE

YEARS
19MONTHS
2DAYS
16IF LESS than 1
day, hrs.
or min.

OCCUPATION

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

Labor

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ava, Missouri

FATHER

13. NAME W. C. Kilburn14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Douglas Co. Mo.

MOTHER

15. MAIDEN NAME Sarah Manning16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Squires, Mo.

17. INFORMANT
(ADDRESS)John W. Hensley

18. BURIAL, CREMATION, OR REMOVAL

PLACE MurrayDATE 1-25-194019. FUNERAL DIRECTOR (NAME)
(ADDRESS)Neighbors
Squires, Mo.

20. FILED

Feb. 5, 1940
Joe Thompson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1940

22. I HEREBY CERTIFY, that I attended deceased from

Jan 22, 1940, to Jan 24, 1940I last saw him alive on Jan 23, 1940. Death is saidto have occurred on the date stated above, at 3:20 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

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)

25 (Address)

J. L. Gentry
Acting MD

Dr. J. L. Gentry

RECEIVED

District Health Officer No. 6,

District File Number 240-365

Date Filed FEB 9 - 1940

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.