

FILED FEB 13 1940

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

2658

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township _____ Primary Registration District No. 3020 Registered No. 4
(c) City Carthage or _____ (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

(a) Residence, No. 470 Ed Killough 617 E 3rd St. 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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 18

OCCUPATION 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) (STATE OR COUNTRY) Dade County Missouri

FATHER 13. NAME H. L. Killough 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware 1

MOTHER 15. MAIDEN NAME Amanda Delzell

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

17. INFORMANT (ADDRESS) Glyde Killough Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE Jan. 7, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Mortuary Carthage, Mo.

20. FILED Jan. 6, 1940 E. J. Mc Intire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

I last saw him alive on January 6, 1940 Death is said to have occurred on the date stated above at 4:00 a.m. 1-5-40
The principal cause of death and related causes of importance were as follows:

Heart Attack Date of onset

Other contributory causes of importance: 950Name of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. H. Winchester Coroner M. D.(Address) Jasper, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 6,

District File Number 240-483

Date Filed FEB 13 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 P. W. Knell

Licensed Embalmer No. 814

P. O. Address Carthage 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.