

Registration District No. 266

Primary Registration District No. 2276

Registrar's No. 66

101 23 1940

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Norman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community since 6th of May 1940
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town rural Norman Typ
(If outside city or town limits, write "RURAL")
(d) Street No. XXXX
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XXX years.

3. (a) PRINT FULL NAME Henry Harrison Killian

3. (b) If veteran, name war XXX 3. (c) Social Security No. XXXX

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

6. (b) Name of husband or wife Lila Cousins 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept 28 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>11</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Roofing Contractor

11. Industry or business House roofing

12. Name Dallas Killian

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

14. Maiden name Martha Teets

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

16. (a) Informant Mrs Stanis K Killian

(b) Address Salem Mo

17. (a) burial (b) Date thereof 9/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Cen

18. (a) Signature of funeral director [Signature]

(b) Address Salem Mo

19. (a) Sept 29 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Sept day 27
year 1940 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from 5/24/40 to 9/20/40
that I last saw him alive on 9/20/40
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 yrs

Due to 121

Due to Chronic Hepatitis 2 yrs

Other conditions Chronic Hepatitis 2 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none made

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? 210

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address Salem Mo Date signed 9/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number

10401008

Date Filed

MAR 30 1953

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.