No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1164

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 124

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas city
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2107 east 36th 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL") 3

(d) Street No. 2107-E-36 st 8
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME William J Killinger

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Oma Killinger

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 26th (Day) 1870 (Year)

8. AGE: Years 70 Months 9 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Marion (City, town, or county) Virg. 1 (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name William S. Killinger
13. Birthplace (City, town, or county) Virg. 1 (State or foreign country)

MOTHER
14. Maiden name Ellen Aker
15. Birthplace (City, town, or county) Virg. 1 (State or foreign country)

16. (a) Informant Thomas M. Killinger
(b) Address 2107 East 36th.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Belton Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn

19. (a) Jan 9 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1941 hour 10:45 minute ..... M.

21. I hereby certify that I attended the deceased from Nov 30, 1940 to Jan 7, 1941
that I last saw him alive on Jan 7, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to probable coronary	
Due to occlusion	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 936	
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other) MD
Address Nat'l Thou City Mo Date signed 1/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 Daniel C. Browning

Licensed Embalmer No. 2124

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.