

MAR 11 1941

Registration District No. 89Primary Registration District No. 3007Registrar's No. 73

## 1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:  
Poplar Bluff Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one hour  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Joseph C. Kilmer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 22, 1924  
(Month) (Day) (Year)

8. AGE: Years 16 Months 5 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dudley Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation School Boy

11. Industry or business \_\_\_\_\_

12. Name James H Kilmer

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

14. Maiden name Wagoner

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

16. (a) Informant James H Kilmer(b) Address Dudley, Missouri17. (a) Burial (b) Date thereof 2/20/41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation 6mi S.E. Dudley Mo.18. (a) Signature of funeral director Greer-Croy Funeral Service(b) Address Poplar Bluff, Missouri19. (a) 2/20/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard rd 103

(c) City or town Dudley Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. General Delivery  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18  
year 1941 hour 4 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Abscess of brainDue to Influenza

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings:  
Of operations Died a few minutes after entering hospital.

no autopsy unnecessary on evidence produced before coroner.

## 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? \_\_\_\_\_

While at work? \_\_\_\_\_ Means of injury Coroner23. Signature Alfred McGree (M.D. or other) \_\_\_\_\_Address Poplar Bluff Mo Date signed 2-19-41

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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 *B.J. Brentlinger*  
Licensed Embalmer No: *4701*  
P. O. Address *Caplar Bluff, Va*

**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, fact should be so stated above.**