

MAR 17 1941

Registration District No. 1720

Primary Registration District No. 3022

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Desoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jefferson
(c) City or town Desoto 50
(If outside city or town limits, write "RURAL")
(d) Street No. 335 E. Main 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME SUSAN M. KILLIAN

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced 2 divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 22 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 13 hr. min.

9. Birthplace Richwoods MO
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Bates

(b) Address 335 E. Main Desoto MO

17. (a) Burial (b) Date thereof 9 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desoto mo

18. (a) Signature of funeral director Daniel J. Mahan

(b) Address Desoto MO
19. (a) 3-5-41 (b) Geneva Donnell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1941 hour _____ minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1 - 1941 to July 5 - 1941
that I last saw him alive on Feb 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of heart - not known
Due to Arteriosclerosis not known

Due to _____
Other conditions (includes pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no

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? 301

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

23. Signature Walter Liborn (M. D. or other) 0
Address Desoto MO Date signed 2-5-41

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

MOTHER FATHER

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Daniel J. Maher

Licensed Embalmer No. 3783

P. O. Address Defoe, 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.