No. 2
4-13-40

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10733

Registration District No. 318 325

Primary Registration District No. 5457

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Walnut Grove Route #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 62 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. Walnut Grove Route #2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

39
0
0

3. (a) PRINT FULL NAME WILLIAM CLAUDE KILLINGSWORTH

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Etta Killingsworth

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November (Month) 10 (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	3	17	____ hr. ____ min.

9. Birthplace Walnut Grove R#2 (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Robert Killingsworth
13. Birthplace Greene C. (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Jane Harmon
15. Birthplace Bolivar (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. Etta Killingsworth
(b) Address Walnut Grove R#2 Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 28 (Day) 1941 (Year)
(c) Place: burial or cremation Walnut Grove, Mo.

18. (a) Signature of funeral director Thieme
(b) Address Springfield, Mo. 245

19. (a) ____ (Date received local registrar) (b) Etta B McClure (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th year 1941 hour 9:05 minute A.M.

21. I hereby certify that I attended the deceased from July, 1938, to Feb 28th, 1941; that I last saw him alive on Feb - 26 - 1941, and that death occurred on the date and hour stated above.

Immediate cause of death acute Cerebral Hemorrhage of Left Hemisphere of Brain

Due to

Due to

Other conditions Hemiplegia
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

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

23. Signature Charles H McHaffie (M. D. ~~or other~~) M.D.
Address Ash Grove Mo. Date signed 2-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 41-3-30
Date Filed 3/12/91

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 [signature]

Licensed Embalmer No. 3681

P. O. Address Sp. Mo.

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

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