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FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19664

17367
State File No.

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 202

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME Otis Kilmer

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

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 October 18, 1919
(Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days 25 If less than one day
hr. _____ min.

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

10. Usual occupation Taxi Driver

11. Industry or business Bagby Taxi Co.

12. Name J. B. Kilmer

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

14. Maiden name Annie Berkshire

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

16. (a) Informant J. B. Kilmer

(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof May 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Family Cemetery, Dudley

18. (a) Signature of funeral director Greer - Croy

(b) Address Poplar Bluff, Missouri

19. (a) 5/14/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. Hooper Addition
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1941 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from April 20
1941, to May 12, 1941;
that I last saw him alive on May 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral lobar pneumonia

Due to _____
Due to _____

Other conditions Pulmonary Tuberculosis
(Includes pregnancy within 3 months of death)
(Questionable)

Major findings:
Of operations _____

Of autopsy _____

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?
Yes

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

23. Signature Fred B. ... M.D. (M. D. or other) _____
Address Poplar Bluff, Mo Date signed 5-13-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2

District File Number 641-73

Date Filed 6/6/41

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

Wallace N. Fitch

Licensed Embalmer No. 3859

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, fact should be so stated above.