

S. No. 2
I-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41438
State File No.

JAN 13 1941 85
Registration District No.

Primary Registration District No. 1001

Registrar's No. 1194

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

1. PLACE OF DEATH:

(a) County BACHMANAN
(b) City or town ST. JOSEPH.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1024 RANDOLPH.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community ABT- 35-YR. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bachmanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1024 Randolph
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JESSIE - KILGORE

3. (b) If veteran, name war NO

3. (c) Social Security No. 7100

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife John L Kilgore

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug 11 (Month) 1874 (Day) (Year)

8. AGE: Years 67 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Forest (City, town, or county) Ill (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Charles A Ketchum

13. Birthplace Region Privil Mich (City, town, or county) (State or foreign country)

14. Maiden name ella B Pratt

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

16. (a) Informant John L. Kilgore

(b) Address St Joseph Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 15 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director Ray Stoney

(b) Address St Joseph Mo

19. (a) 12/15/41 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1941 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from 8:28 1940 to 12-13 1941; that I last saw her alive on 12-13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 4 yrs.

Chronic Rheumatic Endocarditis with Mitral Stenosis & Hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gpc Of autopsy none 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? (Specify type of place) _____ (e) Means of injury _____

23. Signature Harold J. Brunner (M. D. or other) Address 825 Ches. St. Joseph, Mo. Date signed 2-13-41

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~~
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

John Roy Stoney
Licensed Embalmer No. *2435*

P. O. Address.....

McJoseph Hill

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.