

BUREAU OF THE CENSUS
JAN 13 1942

State File No. _____

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 343

1. PLACE OF DEATH

(a) County Harrison

(b) City or town Harrod - Washington Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hosp # 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months 10 days
(Specify whether)

In this community Harrod
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Newton

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

(d) Street No. 532 S. Lafayette
(If rural, give location)

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

8. (c) PRINT FULL NAME Fannie L. Killion

8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race _____ 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife John Killion 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 11 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>71</u>	<u>9</u>	<u>26</u>	hr. _____ min.
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9. Birthplace Harrod, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Lewis Snaps

13. Birthplace Effingham, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Kubler

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

16. (a) Informant Alvin Reed

(b) Address _____

17. (a) Removal (b) Date thereof 12-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Mo

18. (a) Signature of funeral director W. J. ...

(b) Address Harrod, Mo

19. (a) 12-7-41 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1941 hour 10 minute 35 AM

21. I hereby certify that I attended the deceased from Jan 27, 1941, to Dec 7, 1941, that I last saw her alive on Dec 7, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative myocarditis
Generalized arteriosclerosis

Due to _____

Due to _____

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

Major findings: Of operations 93d

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? _____

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

23. Signature W. J. ... (M. D. or other) _____
Address Neosho Date signed 12/2/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

008

RECEIVED

District Health Officer No. 71

District File Number 12-41-2128

Date Filed 1-7-42

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.....

J. B. Bishop

Licensed Embalmer No. 2689

P. O. Address Keokuk 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.