U. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15832

Registration District No. FILED MAY 13 1942

Primary Registration District No. 3039

Registrar's No. 88

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: 618 W. Allison Nevada City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 618 W. Allison St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community (Specify whether years, months or days): 18 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Vernon

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

(d) Street No.: 618 W. Allison
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: Darrell Jean Jilka

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: U

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: May (Month) 12 (Day) 1940 (Year)

8. AGE: Years: I; Months: II; Days: 0; If less than one day ____ hr. ____ min.

9. Birthplace: Nevada (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Infant

11. Industry or business ____

FATHER
12. Name: Fred Jilka
13. Birthplace: Elworth Co (City, town, or county) Kans. (State or foreign country)

MOTHER
14. Maiden name: Irene Gehrke
15. Birthplace: Glassco (City, town, or county) Kans. (State or foreign country)

16. (a) Informant: Charles Gekrke
(b) Address: Glassco, Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Glassco, Kans.

18. (a) Signature of funeral director: Maud Eichinger
(b) Address: Nevada, Mo.

19. (a) 4-12-42 (Date received local registrar) (b) Elizabeth Brekenridge (Registrar's signature)

1231

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Apr day: 12 year: 1942 hour: 1 AM minute ____ M.

21. I hereby certify that I attended the deceased from Apr 10, 1942 to Apr 12, 1942 that I last saw him alive on Apr 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia. — Duration: about 3 days.

Due to: Dont Know. 108

Due to: ____

Other conditions (Include pregnancy within 3 months of death): Deceased had a deformity of ribs & chest

Major findings: Of operations: None.

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature: W. B. Love (M. D. or other)

Address: Nevada, Mo. Date signed: 4/12/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-42-469
Date Filed 5-11-42

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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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, fact should be so stated above.