

FILED JUL 10 1942

State File No. _____
Registrar's No. 235

Registration District No. 668

Primary Registration District No. 4398

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

1. PLACE OF DEATH:

(a) County Pittsburg
 (b) City or town Houstonia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 6 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME RAELLA BOYD KILLION
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
 year 1942 hour 7 minute 0 A.M.
 21. I hereby certify that I attended the deceased from Jan 1940
June 12 1942 to June 12 1942
 that I last saw her alive on June 12 1942
 and that death occurred on the date and hour stated above.

4. Sex F 1 5. Color or race W
 6. (a) Single, widowed, married, divorced IM
 6. (b) Name of husband or wife A H Killion
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased Jan 12 1866
 (Month) (Day) (Year)

Immediate cause of death Apoplexy Duration 2 1/2

8. AGE: Years 76 Months 5 Days 1
 If less than one day hr. _____ min. _____

Due to thrombosis of brain
 Due to Age probably

9. Birthplace Kinston Salem N.C.
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 830

10. Usual occupation house wife

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name JAMES Y. KILGER
 13. Birthplace N.C.
 (City, town, or county) (State or foreign country)

14. Maiden name Hanna P. Dewis
 15. Birthplace N.C.
 (City, town, or county) (State or foreign country)

16. (a) Informant A H Killion
 (b) Address Houstonia

17. (a) burial (b) Date thereof June 15 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houstonia

18. (a) Signature of funeral director Hunter
 (b) Address Houstonia MO

19. (a) 6-15-42 (b) Mrs Anna Berger
 (Date received local registrar) (Registrar's signature)

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 0

23. Signature C. L. Parkhurst (M. D. or other) _____
 Address Houstonia Mo Date signed June 15 42

1022

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-9-42

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 H W Smiley
Licensed Embalmer No. 3987
P. O. Address Houstonia, 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.