

BUREAU OF THE CENSUS
FILED AUG 13 1942

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 313

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jonlin
(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 years, months or days)

In this community 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49

(c) City or town Jasper 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 621 E 13th
(If rural, give location)

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

If yes, name country..... 0

3. (a) PRINT FULL NAME Gabriel Kilgore

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1942 hour 10:00 minute 1 M.

4. Sex Male 0 5. Color or race White 2

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased: Sept (Month) 10 (Day) 1868 (Year)

21. I hereby certify that I attended the deceased from July 28 1942 to July 31 1942
that I last saw him alive on July 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration

8. AGE: Years 79 Months 10 Days 21
If less than one day hr. min.

Due to Chronic Valvular Disease

Due to.....

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

10. Usual occupation farmer

Other conditions not known
(Include pregnancy within 3 months of death)

11. Industry or business.....

12. Name Jonathon Leland Kilgore

13. Birthplace Harrisburg Ill (City, town, or county) Ill (State or foreign country)

14. Maiden name Unknown

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy..... 94a

Underline the cause to which death should be charged statistically.

16. (a) Informant Mabel Uysal

(b) Address 621 E 13th Jasper

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-42 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Frank Karsaker

(b) Address 1501 Green

19. (a) 8-4-42 (Date received local registry) (b) Wirtanda Sudholter (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 Charles C. Best (M. D. or other) no

Address 206 Prince St. Joplin Date signed 7/31/42

49
2
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

42-7-656

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

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address *Japhin 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.