

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7200 Penn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7200 Penn
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26,
year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 25
1942 to Sept 26, 1942
that I last saw him alive on Sept 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Perforating Ulcer
of Duodenum
Duration
24 hrs

Due to 117 B

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

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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 S. W. Fair (M. D. or other)
Address 404 1/2 W. 75 St. Date signed 9/28/42

3. (a) PRINT FULL NAME CHARLES M. KILLIN

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ursula Killin 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 4, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 22 hr. min.

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

10. Usual occupation Retired Postal Employee

11. Industry or business

12. Name Michael Killin

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

14. Maiden name Harriett Reichenecker

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

16. (a) Informant Mrs. Ursula Killin

(b) Address 7200 Penn

17. (a) Burial (b) Date thereof 9-29-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk's Saline Co.

(b) Address 20 West Linwood

19. (a) 9-29-42 (b) M. M. Croome
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *Jack W. Laybourn*
Licensed Embalmer No. *1715*

P. O. Address.....

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.