

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9154

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1399

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: Vineyard Park Hospital
(If outside hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days
In this community 30 yrs
(Specify whether 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. 570 3rd Park
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALTO V. KILDOW

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1943 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from 3-9-43 to 3-20-43
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex m. 5. Color or Race w.

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

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

7. Birth date of deceased: October 30 1880
(Month) (Day) (Year)

Immediate cause of death: Embolic infarct of spleen (Banks' disease)

Due to: Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death): 12-4-13

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

62 4 20 hr. min.

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

10. Usual occupation: Retired

11. Industry or business: Blacksmith

12. Name: George St. Kildow

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

14. Maiden name: Martha Bodinoff

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

Major findings: Jaundice

Of operations _____

Of autopsy _____

16. (a) Informant: George Kildow

(b) Address: 4110 East 11th Street

17. (a) Burial (b) Date thereof: 3-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Marys

18. (a) Signature of funeral director: Dyrk's Polia Co.

(b) Address: 20 West Pinewood

19. (a) 3-22-43 (b) M. M. Brown
(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 _____

23. Signature: J. G. Shields (M. D. or other)
Address: 921 West A.C. Mo Date signed: 3-22-43

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

MOTHER FATHER

Duration

1. yr.

2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

361

41

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.....

Licensed Embalmer No.....

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.