S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17019

Registration District No. 149 Primary Registration District No. 100 Registrar's No. 2422

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

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: 1715 Corrington 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 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town ~~St Joseph~~ K C 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1715 Corrington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alonzo Warren Kilgore
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. No
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Helen Kilgore
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov (Month) 14 (Day) 1880 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 62 | 6 | 13 | hr. min. |

9. Birthplace St Joseph (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Painter & Rappelhauger
11. Industry or business
FATHER
12. Name James B Kilgore
13. Birthplace York County (City, town, or county) Penn. 1 (State or foreign country)
MOTHER
14. Maiden name Mary Elizabeth Downing
15. Birthplace Louisville (City, town, or county) Ky. 1 (State or foreign country)
16. (a) Informant Mrs Charles Hamilton
(b) Address 1715 Corrington ~~St Joseph Ave~~
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 27 43 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph Missouri
18. (a) Signature of funeral director H D Sidenhaden
(b) Address St Joseph, Missouri
19. (a) 5/29/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour 4 minute A M.
21. I hereby certify that I attended the deceased from 1939
, 19 , to May 27 , 1943;
that I last saw him alive on May 25 , 1943;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chr. Myocarditis | |
| Due to 9 yrs | |
| Due to | |
| 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 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 J. M. Young (M. D. or other)
Address 1401 S. W. Blvd K C K Date signed 5/27/43

(Licensed Embalmer's Statement on Reverse Side)

## 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 John H Burley

Licensed Embalmer No. 4050

P. O. Address St Joseph Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**