

FILED JUL 10 1943

State File No. ....

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 149

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
- at home -  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all 7 life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Boone  
(c) City or town Columbia Mo 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1402 Richardson St 5  
(If rural, give location)  
(e) Citizen of foreign country? 24 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME James Ray Kile  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. 420 22 0097

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 17 year 1943 hour 12 minute 40 P.M.  
21. I hereby certify that I attended the deceased from June-17-1943 to 14 June 17, 1943 that I last saw him alive on June-17-43 and that death occurred on the day and hour stated above.

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Premature Birth (7 mo.)  
Duration \_\_\_\_\_

7. Birth date of deceased June 17-1943  
(Month) (Day) (Year)

Due to ✓  
Due to ✓  
Other conditions (Include pregnancy within 3 months of death) 159

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 4 hr. 45 min.

9. Birthplace Columbia Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Infant  
11. Industry or business \_\_\_\_\_

PHYSICIAN  
Major findings: Of operations none  
Of autopsy none  
Underline the cause to which death should be charged statistically.

12. Name Alfred Kile  
13. Birthplace Ashland Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Murson Calver  
15. Birthplace Howard Co Mo  
(City, town, or county) (State or foreign country)  
16. (a) Informant Alfred Kile  
(b) Address Columbia  
17. (a) Burial (b) Date thereof 6-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Burial - Boone  
18. (a) Signature of funeral director Alfred Kile  
(b) Address Columbia  
19. (a) 6-17-43 (b) Edna H Barber  
(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. C. Suggitt (M. D. number) 0  
Address Columbia Date signed 6-17-43

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.

*not embalmed*

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.**