

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 17 1948

Registration District No. _____

Primary Registration District No. 4098

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Cass
(b) City or town BELTON
(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 _____)
In this community 72 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Belton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CHARLES KILLINGER
3. (b) If veteran, ✓ name war _____
3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, 2 divorced W. WIDOWED
6. (b) Name of husband or wife HOPE KILLINGER
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased APR. 23 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 1 5 hr. _____ min.

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

10. Usual occupation RETIRED STONE MASON

11. Industry or business _____
MOTHER FATHER { 12. Name UNKNOWN
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature VERNON KILLINGER

(b) Address 2131 LAMESA DRIVE, SANTA MONICA CALIF.

17. (a) BURIAL (b) Date thereof JUNE 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELTON, MO.

18. (a) Signature of funeral director E.K. GEORGET SONS

(b) Address BELTON, MO.

19. (a) June 6, 1943 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug, 1942, to May 30, 1943;
that I last saw him alive on May 20, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Prostatic

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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 R. M. Miller (M. D. or other) _____

Address Belton Mo. Date signed 5-31-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WHILE I LEARN TO USE MAKING DEATH RECORDS I MUST MAKE A FERRIMENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 A. H. George

Licensed Embalmer No. 3645

P. O. Address Grandview 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, above space should be left blank.