S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31570

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 72

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Presnell Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 3 Hours (Specify whether

In this community years, months or days) Two Years

2. USUAL RESIDENCE OF DECEASED: 035

(a) State Mo (b) County Dunklin 2

(c) City or town Kennett (If outside city or town limits, write "RURAL") 2

(d) Street No. 816 Wayne St (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jewell Allen Kilburn

3. (b) If veteran, name war

3. (c) Social Security No. 488-26-5791

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 19 (Day) 1920 (Year)

8. AGE: Years 23 Months 7 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Otto Kilburn
13. Birthplace (City, town, or county) Ark 1 (State or foreign country)

MOTHER
14. Maiden name Pearl Kistler
15. Birthplace Myrtle (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Otto Kilburn

(b) Address 816 Wayne St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-43 (Month) (Day) (Year)

(c) Place: burial or cremation Duty Ark

18. (a) Signature of funeral director Lintz Und Co

(b) Address Kennett Mo

19. (a) 8-27-43 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24 year 1943 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from 8-24, 1943 to 8-24, 1943 that I last saw him alive on 8-24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease aortic + mitral regurgitation

Due to Shock from injury

Due to

Other conditions (Include pregnancy within 3 months of death) 17 OC-8

Major findings: Of operations 24

Of autopsy

Duration

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) auto accident

(b) Date of occurrence 8-24-43 035

(c) Where did injury occur? Kennett, Dunklin Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)

While at work? (e) Means of injury Auto Accident 0

23. Signature R G Wilson M.D. (M. D. or other)

Address Kennett Mo Date signed 8-26-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 9-43-1154
Date Filed 9-13-43

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 Walter C. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kirkwood 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, fact should be so stated above.