

S. No. 2
M-2-43
5-17-39
X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3735C**
Registrar's No. **4857**

Registration District No. **149**

Primary Registration District No. **1002**

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether
In this community in prison
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. 547 1/2 Main
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Squire Sam Kilgore

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 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 April 22nd 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salmon

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Kilgore
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Melinda Kinzer
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Case

(b) Address Long Pine Neb

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/17/43
(Month) (Day) (Year)

(c) Place: burial or cremation Long Pine Neb

18. (a) Signature of funeral director Malvin Potter funeral home

(b) Address Long Pine Neb

19. (a) 11-17-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1943 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from October 15th 1943 to November 10th 1943
that I last saw him alive on November 10th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration _____

Due to _____

Due to 1625

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Drury R. Shone (M. D. or other) _____
Address Med. Dir. Gen'l Hosp. Date signed 11-11-43

Cardinal

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. E. Snow*

Licensed Embalmer No..... *2560*

P. O. Address..... *12c 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.