

FILED FEB 11 1945

Registration District No. 2

Primary Registration District No. 4-2-3-0-554

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Armstrong (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
X / Princeton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether  
In this community 51 years  
years, months or days)

3. (a) PRINT FULL NAME Margaret Ann Kilgore  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / race White 5. Color or race White  
6. (a) Single, widowed, married Yes  
6. (b) Name of husband or wife Robert Wesley Kilgore 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 10 1911  
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Putnam County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name George Medlin  
13. Birthplace (Unknown) Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Rogers  
15. Birthplace Unknown ? 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jess Magruder  
(b) Address Armstrong, Missouri

17. (a) Burial (b) Date thereof 1 11 44  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge Fayette

18. (a) Signature of funeral director [Signature]  
(b) Address [Address]

19. (a) 15/44 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Armstrong  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1944 hour \_\_\_\_\_ minute 7 M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Dec 15 1943 to Jan 9 1944  
that I last saw her alive on Jan 9 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Chronic Cardio-Vas. Renal disease

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 13/1a

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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.  
Address Fayette Mo Date signed 1-13-44

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

1500

1319

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

3-9-44

---

---

**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.....

*R.H. Oldaker*

Licensed Embalmer No. ....

7667

P. O. Address.....

*Amstutz Md*

**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.**