

FILED MAR 8 1944

State File No.

Registrar's No. 22

Registration District No. 10

Primary Registration District No. 4281

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

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Clark
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution 18 months
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark
(c) City or town Clark
(d) Street No.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Guy Kiouss

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex male 5. Color or race white 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 July 1-1883

8. AGE: Years 60 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

12. Name Martin Kiouss
13. Birthplace Ind.
14. Maiden name Lavina Kiouss
15. Birthplace Iowa

16. (a) Informant Mrs. Cecil Kiouss
(b) Address St. Madison Ia.

17. (a) Burial (b) Date thereof Feb. 17-1944
(c) Place: burial or cremation Chambersburg Co.

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

19. (a) 2-19-44 (b) P. S. Barton

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 1 1944 to 2/17-44 and that I last saw him alive on 2/17-44 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis

Due to...
Due to...
Other conditions: 131 lb
(Include pregnancy within 3 months of death)

Major findings:
Of operations...
Of autopsy...
PHYSICIAN

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. P. Priddy (M. D. or other)
Address Clark Mo Date signed

RECEIVED

District Health Officer No. 10

District File Number 3-44-470

Date Filed MAR 7 1944

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

Wesley L. Luttinger

Licensed Embalmer No.

29657

P. O. Address

Quincy 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.