

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7897

FILED FEB 19 1944

Registration District No. 252

Primary Registration District No. 4381

State File No. _____

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County... Nodaway

(b) City or town... Hopkins
(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... 15yrs.
years, months or days

3. (a) PRINT FULL NAME Clara Ann Killam

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

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, Divorced Widowed

6. (b) Name of husband or wife Herbert W. Killam 6. (c) Age of husband or wife if alive... years _____

7. Birth date of deceased April 20 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Adam Shellman

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Watson

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Keith C. Killam

(b) Address Hopkins Mo

17. (a) Burial (b) Date thereof Jan. 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo

19. (a) 1/27/44 (b) OH Dayler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Hopkins
(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 26
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1/1 1943 to 1/26 1944 that I last saw here alive on 1/15/44 and that death occurred on the date and hour stated above.

Immediate cause of death Semility
1678

Other conditions Rheumatoid arthritis
(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) (c) Means of injury

23. Signature C. W. Dillig (M. D. or other M.D.)
Address Hopkins Date signed 1/27/44

DURATION unknown

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.

myself

Signed.....

Stanley Swanson

Licensed Embalmer No.

3963

P. O. Address.....

Hopkins, 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.