

FILED JUN 7 1944 -

Registration District No. _____ Primary Registration District No. 40805193

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Norborne Mo R.R. 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Jail
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)

In this community about 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

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

(d) Street No. Norborne Mo R.R. 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lillie Ann Kiouss

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1944 hour 8:40 minute P M.

21. I hereby certify that I attended the deceased from April 1 1944 to May 27 1944
that I last saw him alive on May 18 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Frank Kiouss

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

7. Birth date of deceased July 3 1880
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to Chr. Int. Nephritis

Other conditions Cerebral Hemorrhage 10 days
(Include pregnancy within 3 months of death)

8. AGE: Years 63 Months 10 Days 24
If less than one day hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

12. Name S. B. Lindsey

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

14. Maiden name Harriett Coffman

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

Major findings: Of operations _____

Of autopsy 13/10

Underline the cause to which death should be charged statistically.

16. (a) Informant Emma Koontz

(b) Address Hawthorne, Cal.

17. (a) Burial (b) Date thereof May 31 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norborne, Cal.

18. (a) Signature of funeral director John W. Kruppschiel

(b) Address Hardin Mo

19. (a) May 29 44 (b) John A. Dittel, Reg.
(Date recorded local registrar) (Registrar's signature)

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 _____

Signature Carl H. Reed MD (M. D. or other) _____

Address Hardin Mo Date signed 5/29/44

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

17
0
0

APR 21 1947

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-6-47

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed John W. Knipochild

Licensed Embalmer No. 2789

P. O. Address Hardin, 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.