V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

Registration District No. 1047

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4302

State File No. 21959

Registrar's No. 8278

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

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chula
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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: Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston 59
(c) City or town: Chula 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: CHARLES H KILBURN

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

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Frances Kilburn
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: Jan (Month) 16 (Day) 1888 (Year)

8. AGE: Years 56 Months 4 Days 26 If less than one day ...hr. ...min.

9. Birthplace: Chula (City, town, or county) mo 0 (State or foreign country)
10. Usual occupation: Ret Farmer
11. Industry or business:
FATHER
12. Name: Lois M Kilburn
13. Birthplace: Grundy Co (City, town, or county) mo 0 (State or foreign country)
MOTHER
14. Maiden name: Susan Tedrick
15. Birthplace: Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Paul Case
(b) Address: Chula, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 14. 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Plainview cem
18. (a) Signature of funeral director: E. J. Robertson
(b) Address: Laredo, Mo.
19. (a) June 19 (Date received local registrar) (b) Lou Ella Cutty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1944 hour 5 minute 10 P. M.
21. I hereby certify that I attended the deceased from June 1, 1944 to June 12, 1944 that I last saw him alive on June 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Urinary bladder — Duration: 2 yrs
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 52 F
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: G W Copenhaver (M. D. or other)
Address: Chillicothe Mo Date signed 7/13/44

(Licensed Embalmer's Statement on Reverse Side)

APR 16 1946

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 John M. Robertson, Registered Apprentice No. 755 working under my personal supervision.

Signed E. J. Robertson

Licensed Embalmer No. 2465

P. O. Address Laredo, 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.