V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

Registration District No. 337

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4497

State File No. 25889

Registrar's No. 80

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Clarence
(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) 1
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 41 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shelby 102
(c) City or town Clarenc 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rachel Ann Killen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 11 (Day) 1854 (Year)
8. AGE: Years 90 Months 0 Days 7 If less than one day hr. min.
9. Birthplace (City, town, or county) W. Va. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Thomas W. White
13. Birthplace (City, town, or county) W. Va. 1 (State or foreign country)
MOTHER 14. Maiden name Ellen Glenn
15. Birthplace (City, town, or county) W. Va. 1 (State or foreign country)
16. (a) Informant Mrs. Ada Killen
(b) Address Clarence Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Cherry Box
18. (a) Signature of funeral director E. C. Hooper
(b) Address Clarence
19. (a) July 8-44 (Date received local registrar) (b) Madge Yoosh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1944 hour 6 minute a M.
21. I hereby certify that I attended the deceased from June 9, 1944 to June 18, 1944 that I last saw her alive on June 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy c	
R Hemiplegia	9 days
Due to	
Other conditions (Include pregnancy within 3 months of death) 430	

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 D. L. Harlan (M. D. or other) 20
Address Clarence Mo. Date signed June 1944

1075 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-44-1414
Date Filed AUG 11 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 Louis E. Hopper

Licensed Embalmer No. 4261

P. O. Address Clarence 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.