

FILED NOV 10 1944

Registration District No. 107

Primary Registration District No. 3019

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Darrell Wayne Killian

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased May 19 1944
(Month) (Day) (Year)

8. AGE: Years 3 Months 29 If less than one day _____ hr. _____ min.

9. Birthplace Kennett 7700
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business John Henry Kelham

MOTHER FATHER

12. Name _____

13. Birthplace Senath 7700
(City, town, or county) (State or foreign country)

14. Maiden name Rini Lebo

15. Birthplace Kennett 7700
(City, town, or county) (State or foreign country)

16. (a) Informant John Henry Killian

(b) Address 107 G. 5th St.

17. (a) Burial (b) Date thereof 7-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senath Cyn

18. (a) Signature of funeral director Lynch, W. O.

(b) Address Kennett, Mo.

19. (a) 10/24-44 (b) Julian Blankenship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 7700 (b) County Dunklin ³⁵

(c) City or town Kennett ²
(If outside city or town limits, write "RURAL")

(d) Street No. 107 7th St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1944 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from 9-9 1944 to 9-17 1944
that I last saw him alive on 9-17- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-enteritis acute pyelitis

Due to _____

Due to _____

Other conditions 1100
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Ab Ursan (M. D. or other) M.D.
Address Kennett Date signed 10-10-44

RECEIVED

District Health Office No. 2,

District File Number: 1144-1492

Date Filed: 11-6-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.