

Registration District No. _____

Primary Registration District No. **5011**

Registrar's No. **31**

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

1. PLACE OF DEATH

(a) County **Andrew**
(b) City or town **Bolckow (Rural Clayton)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles west 1 south
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **23** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Andrew**
(c) City or town **(Rural) Bolckow**
(If outside city or town limits, write "RURAL")
(d) Street No. **4 miles west 1 mi. South.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Andrew Jackson McKillip**
(b) If veteran, _____ name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** day **22**
year **1945** hour **8** minute **30** A.M.

4. Sex **M** Color or race **W**
6. (b) Name of husband or wife **Mary McKillip**
7. Birth date of deceased **Oct 8 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **was found dead**, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years **75** Months **5** Days **14**
If less than one day _____ hr. _____ min.

Immediate cause of death **Heart was subject of epilepsy**
Duration **hidden**

9. Birthplace **Bellaire Iowa**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation **Farmer**

Other conditions **was a subject of epilepsy**
(Include pregnancy within 3 months of death)
W. Kelly M.D. - Bolckow, Mo. PHYSICIAN

MOTHER FATHER
11. Industry or business _____
12. Name **James B. McKillip**
13. Birthplace **Scotland Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Bridgett Shields**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy **85**

16. (a) Informant **Mrs. Mary McKillip**
(b) Address **Bolckow Mo.**
17. (a) **Burial** (b) Date thereof **Mar 24 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Miriam Cemetery Maryville Mo.**

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? **Andrew Missouri**
(City or town) (County) (State)

18. (a) Signature of funeral director **Price Funeral Home**
(b) Address **Maryville Mo.**
19. (a) **3-24-1945** (b) **F.H. Titchman**
(Date received local registrar) (Registrar's signature)

(c) If 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 **3**
23. Signature **W. Kelly M.D. (Lawyer)** (M. D. or other)
Address **Bolckow Mo.** Date signed **3-24-45**

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 John W. Price.
Licensed Embalmer No. 4231
P. O. Address Maryville 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.