No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1946

State File No. 12894

Registration District No. 121

Primary Registration District No. 5452

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove R7D
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Family Home. R.F.D. Ash Grove, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply (Specify whether

In this community 7or Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 37

(c) City or town Ash Grove R7D 5
(If outside city or town limits, write "RURAL")

(d) Street No. Does not apply 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country Does not apply

3. (a) PRINT FULL NAME Paralee Constantine (Connie) Killingsworth

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J.S. Killingsworth

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 6 (Month) 11 (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	9	22	hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business Farming.

FATHER
12. Name William Gates
13. Birthplace Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christina Ettman Climer
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant J.S. Killingsworth

(b) Address Ash Grove R7D

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation Kelly Cemetery-Ash Grove, Mo.

18. (a) Signature of funeral director Morris & Leiman

(b) Address Ash Grove Mo

19. (a) 4/17/1946 (Date received local registrar) (b) Drene H. Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13
year 1946 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from Feb 14, 1946, to April 12, 1946;
that I last saw her alive on April 12, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	
Due to Age, Debility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0 40
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 0

23. Signature J. W. Barbe M.D. (M. D. or other)

Address Walnut Grove, Mo Date signed 4-15-46

104 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 46-5-67
Date Filed 5-13-46.

MAY 20 1946

MAY 21 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Maude D. Morris

Licensed Embalmer No. 2065

P. O. Address Ash Grove 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.