

FILED APR 29 1946
194

Registration District No. **1002** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1312 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **43** years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1312 Campbell**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George Kilgore**
3. (b) If veteran, name war **World War I** 3. (c) Social Security No **330-05-704**

4. Sex **Male** 2 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Div 3**
6. (b) Name of husband or wife **Bessie Kilgore** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **July 16, 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 **9** **1** hr. min.

9. Birthplace **Hope Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business
12. Name **Amos Kilgore**
13. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Parker**
15. Birthplace **Birmingham Alabama**
(City, town, or county) (State or foreign country)

16. (a) Informant **Loretta Love**
(b) Address **3612 Topping**

17. (a) **Burial** (b) Date thereof **4/22/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **Shelby T. ...**
(b) Address **1729 Hyde**

19. (a) **4-19-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **17**
year **1946** hour **5** minute **30** A. M.

21. I hereby certify that I attended the deceased from **3/22/46**
to **4/13/46**, 19 **46**
that I last saw him **in** alive on **4/13/46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Gastric Ulcer**
Syphilis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: **30g**
Of operations _____
Of autopsy _____

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)
(c) Means of injury _____
23. Signature **W. A. Francis** (M. D. or other)
Address **115 ...**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

MAY 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.....

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

Signed..... *J. Jerome Manlove*
Licensed Embalmer No..... *3994*
P. O. Address..... *2503 Highland*

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.