S. No. 2
—9-4-41
5-17-39
I X29484

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

24288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22419

Registration District No. Throgmorton 333

Primary Registration District No. 3074

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Scott

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")

(d) Street No. Smith ADdition 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Everett Killian Jr

3. (b) If veteran, name war W.W.2

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Jo Elizabeth Killian

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased 4 (Month) 19 (Day) 1927 (Year)

8. AGE: Years 19 | Months 1 | Days 23 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Student

11. Industry or business Scott County Milling Co.

FATHER
12. Name Everett Killian
13. Birthplace Bollinger Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Anna Chaney
15. Birthplace Paragould (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant Mrs Jo Elizabeth Killian

(b) Address Charleston, Mo. 604 E. Cypress

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/46 (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) 6-13-46 (Date received local registrar) (b) Mrs T.F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12 year 1946 hour 5 minute p M.

21. I hereby certify that I attended the deceased from 6-5-46 June 5, 1946, to June 12, 1946 that I last saw him alive on June 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis

Due to Accident 2 years ago

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

87a

Duration

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 G. L. Bisson Jr (M.D. or other)

Address Sikeston, Mo Date signed 6-13-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 246-283
Date Filed 7-3-46

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

Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed John Allen

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.