

No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946
121

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36714
Registrar's No. 980

Registration District No. 121

Primary Registration District No. 5452

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Walnut Grove, Mo., R#2
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural Boone Township
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 76 yrs., 5 mos., 22 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Walnut Grove, Mo., R#2
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural Boone Township
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME J. Frank Killingsworth
 3. (b) If veteran, name war nil
 3. (c) Social Security No. nil

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Sept. day 20
 year 1945 hour 7 minute 15 p. M.
 21. I hereby certify that I attended the deceased from Sept. 20
1945, to Sept. 20, 1945,
 that I last saw him alive on Sept. 20th, 1945,
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Polly Agnes Edmonson
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: March 28 1869
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
 Due to Heart attack
 Due to Arterio Sclerosis

8. AGE: Years 76 Months 5 Days 22
 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer and stockman

PHYSICIAN
 Major findings: 9.4-A
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business Farming and stock raising

12. Name Bennett Killingsworth

13. Birthplace Greene Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Rainey

15. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Killingsworth

(b) Address Walnut Grove, Missouri

17. (a) Burial (b) Date thereof 9-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Gene A. Parn

(b) Address Walnut Grove, Missouri

19. (a) 11-30-1946 (b) Gene S. Wilson
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
 23. Signature J. J. Barber M.D. (M. D. or other) _____
 Address Walnut Grove, Mo. Date signed 11/30/

(Licensed Embalmer's Statement on Reverse Side)

1946

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

MOTHER FATHER

104

RECEIVED

Greene County Health Office,

County File Number 76-10-27-121

Date Filed 12-5-46

DEC 9
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 Gene A. Brim

Licensed Embalmer No. 7664

P. O. Address Walnut Grove, Miss.

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.