

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **4536**

Registration District No. **120** Primary Registration District No. **4198** Registrar's No. **19**

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

1. PLACE OF DEATH:
 (a) County **Dentry**
 (b) City or town **King City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **2 month - 11 days** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Clark 23**
 (c) City or town **Kahoka** (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE WILLIAM KILLDOO**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **FEB** day **20**
 year **1947** hour **7** minute **30 P.M.**

4. Sex **M O** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWER**
 6. (b) Name of husband or wife **SARAH ADELIN YATES** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **FEB. 12 1872**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
2-10 47 to Feb 20 1947
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

8. AGE: Years **75** Months **0** Days **8** If less than one day _____ hr. _____ min.

Immediate cause of death **apoplexy** **10 da**
 Due to **arterio sclerosis**
 Due to _____

9. Birthplace **CLARK County Mo. O**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **RETIRED FARMER**

Other conditions _____
 (Include pregnancy within 3 months of death)

11. Industry or business
12. Name **WILLIAM KILLDOO 7**
13. Birthplace **UNKNOWN**
 (City, town, or county) (State or foreign country)
14. Maiden name **SUSAN FRYE 9**
15. Birthplace **UNKNOWN**
 (City, town, or county) (State or foreign country)

Major findings:
 1. Of operations **93A**
 Of autopsy _____

16. (a) Informant **MRS NEIL ADAMS 2**
(b) Address **KING CITY, MO**
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof **2-21-47**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **KAHOKA, 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? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Rob. J. Jaggax**
(b) Address **King City, Mo**
19. (a) Date received local registrar **Feb 28 1947** (b) Registrar's signature **Amos M. White**

23. Signature **W. B. Blacklock** (M. D. or other) **M.D.**
Address **King City, Mo** **Date signed** **2-21-47**

SEP 18 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

R. G. Taggart

Licensed Embalmer No.....

25-63-

P. O. Address.....

Kingdoley 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.