

FILED MAR 5 1947

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
305, 1-2 West 6th St.
(If not in hospital or institution, write street number or location)

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

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 305; 1-2 West 6th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Jess Killion

3. (b) If veteran, name war No

3. (c) Social Security 440-12-7273

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb., day 9, 1947
year _____ hour 6-00 A. M. minute _____ M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Jessie Killion

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan. 12, 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 15, 1946, to Feb 9, 1947

that I last saw him alive on December 21, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 0 Days 28
If less than one day _____ hr. _____ min.

Immediate cause of death Adeno-carcinoma of stomach & esophagus

Duration ab. 2 yrs

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

Due to _____

Due to _____

10. Usual occupation iron Moulder

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

Major findings: Of operations As above

11. Industry or business _____

MOTHER FATHER

12. Name Jobe Killion

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name Jo Anna McAllister

15. Birthplace no record
(City, town, or county) (State or foreign country)

Of autopsy 45

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jessie Killion

(b) Address 305, 1-2 West 6th; Joplin Mo.

17. (a) Removal (b) Date thereof Feb. 10, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Okmulgee Okla.

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 Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 2-10-47 (b) Ed. D. James
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature Edward D. James (M. D. or other) MD

Address Joplin City, Mo. Date signed 2/8/47

42-2-40
MAY 1 1947

MAR 1 9 1947

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 *Ferry Hurlbut*

Licensed Embalmer No. *959*

P. O. Address *Spencer Mass*

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.