

FILED AUG 9 1947  
Registration District No. **20**

Primary Registration District No. **4198**

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town King City, Mo. Jackson  
(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 1/2 years  
years, months or days

3. (a) PRINT FULL NAME John H. Kylek  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 497-30-5036

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Kylek  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Jan. 13, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 6 13 hr. min.

9. Birthplace Union Star, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_  
12. Name Eltridge Kylek  
13. Birthplace Pa  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Torick  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Kylek  
(b) Address King City, Mo.  
17. (a) Burial (b) Date thereof July 28, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Union Star, Mo.

18. (a) Signature of funeral director Lucile M. Wilson  
(b) Address King City, Mo.  
19. (a) July 27, 1947 (b) Harold N. Netcher  
(Date received local registrar) (Registrar's signature) 103

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town King City, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26  
year 1947 hour 11 minute 40 a.m.  
21. I hereby certify that I attended the deceased from July 25  
1947 to July 26 1947.  
that I last saw alive on July 25 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Lesions  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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)  
(e) Means of injury \_\_\_\_\_  
23. Signature E M Reynolds (M. D. or other)  
Address Union Star Mo Date signed 7-27-47

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

MOTHER FATHER

Aug 2-1947

(Licensed Embalmer's Statement on Reverse Side)

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King City 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.**