

FILED OCT 3 1947

Registration District No. 107

Primary Registration District No. 5422

Registrar's No. 2321

1. PLACE OF DEATH:

(a) County DUNKLIN

(b) City or town Kennett - Rural - Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(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 Life Time
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DUNKLIN 35

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

(d) Street No. 2 mi North on hwy 25 - 1/2 mi East
(If rural, give location)

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

3. (a) PRINT FULL NAME Myrtie Long Killian

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife D.R. Killian 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec - 6, 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th year 1947 hour 2:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept. 11, 1947 to Sept. 12, 1947 and that death occurred on the date and hour stated above.

that I last saw her alive on Sept. 12, 1947

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>9</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Coronary Occlusion 1 day

Due to Chronic Endo-Carditis 1 year

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation housewife

11. Industry or business home

MOTHER FATHER

12. Name Unknown 9

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations A28

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Alva - N. Killian

(b) Address Memphis Tenn.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-14-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

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 Dunklin

(b) Address Kennett, Mo.

19. (a) 9-30-1947 (Date received local registrar) (b) Earl Husband (Registrar's signature) an

23. Signature Quintoyt Aver (M. D. or _____)

Address Kennett, Mo. Date signed 9-13-47

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

RECEIVED

District Health Office No. 2,

District File Number 1047-1291

Date Filed 10-2-47

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.....

Heber F. Lemonds, Registered Apprentice No. 2556

working under my personal supervision.

Signed S. Balmer

Licensed Embalmer No. 2556

P. O. Address Kenett, 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.