S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 354

FILED JAN 22 1948

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Dexter (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: Rosie A. Kilmer
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Albert T. Kilmer
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan. (Month) 22 (Day) 1881 (Year)

8. AGE: Years 66 Months 11 Days 12 If less than one day hr. min.

9. Birthplace: Stoddard County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business

MOTHER FATHER
12. Name: Calvin Norman
13. Birthplace: Stoddard County (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Eilen Culbertson
15. Birthplace: Stoddard County, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Roxie Norman
(b) Address: Dexter, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Caroline Dowdy Cem.
18. (a) Signature of funeral director: Strickland-Rainey
(b) Address: Dexter, Missouri
19. (a) 1-12-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3 year 1948 hour 2 minute 0 A.M.

21. I hereby certify that I attended the deceased from Dec 18, 1947, to Jan 3, 1948, that I last saw h alive on Jan 2, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	hr.
Due to: Femoral & Iliac thrombosis	
Due to: Trauma & Varicose veins - thrombophlebitis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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

23. Signature: (M. D. or other)
Address: Date signed 1-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 148 - 86
Date Filed 1-19-48

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 [signature]

Licensed Embalmer No. 3179

P. O. Address Dexter, 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.