DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1948

Registration District No. 8247

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. J. J. Killion

State File No. 17049

Primary Registration District No. 5829

Registrar's No. 18

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: / (Portage twp) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 6 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural 72 (If outside city or town limits, write "RURAL")

(d) Street No. 2½ mi North Wardell Mo. 0 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Bulah A. Permenter

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 Married

6. (b) Name of husband or ~~wife~~ N. C. Permenter

6. (c) Age of husband or ~~wife if~~ alive 72 years

7. Birth date of deceased Dec. (Month) 25 (Day) 1871 (Year)

8. AGE: Years 76 | Months 4 | Days 20 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name unknown 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name 11
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant N. C. Permenter

(b) Address Wardell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo.

18. (a) Signature of funeral director LaFarge Mud. Co.

(b) Address Cowthersville Mo.

19. (a) 6-7-48 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1948 hour 11 minute 10p M.

21. I hereby certify that I attended the deceased from Jan. 6, 1948, to May 15, 1948 that I last saw her alive on May 13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Insufficiency	2 wks
Due to Chr. Myocarditis	2 yrs
Due to Hypertension	?
Other conditions Cardiac Asthma (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

93P

PHYSICIAN

Underline the cause to 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 0

23. Signature John J. Killion (M. D. ~~or other~~)

Address Portageville Mo. Date signed 6-7-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 648-248
Date Filed 6-8-48

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 Boyett B. Willis, Registered Apprentice No. 19 working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Carrthersville 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.