

FILED JUL 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23848

Registration District No. 275

Primary Registration District No. 5943

Registrar's No. 610

## 1. PLACE OF DEATH:

(a) County Phelps  
 (b) City or town Rural Springcrick  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community  
years, months or days)3. (a) PRINT FULL NAME Freddie Monroe Kilgus

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased July 22 48  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 hr. 1 1/2 min.

9. Birthplace Springcrick Township Phelps Co.  
 (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name George W. Kilgus

13. Birthplace Big Pinyon Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name Leona Richards

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

16. (a) Informant George W. Kilgus(b) Address Bearsh

17. (a) (Burial, cremation, or removal) (b) Date thereof. 7-22-48  
 (Month) (Day) (Year)

(c) Place: burial or cremation Bearsh18. (a) Signature of funeral director. None

(b) Address

19. (a) 7-24-48 (b) Nadine L. Stace  
 (Date received local registrar) (Registrar's signature) 287

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
 (c) City or town Rural Springcrick Twp  
 (If outside city or town limits, write "RURAL")

(d) Street No. Bearsh (If rural, give location)

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

If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
 year 48 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from Birth  
 19. to 19.

that I last saw him alive on 19.  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Underdeveloped

Due to

Due to

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

Major findings:

Of operations

Of autopsy

## 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?

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

23. Signature L. L. Randall (M. D. or other) MA

Address Larking Mo Date signed 7-22-48

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 7/27/48

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**