S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29835

FILED SEP 18 1948

Registration District No. 1419

Primary Registration District No. 1002

Registrar's No. 3587

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 3857 Charlotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 3857 Charlotte
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: ROBERT L. KILKER, SR.

3. (b) If veteran, name war: XX

3. (c) Social Security No.: 486-01-6265

4. Sex: Ma 0

5. Color or race: Wh

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

6. (b) Name of husband or wife: Bertha Kilker

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: November (Month) 18 (Day) ~~1883~~ 1884 (Year)

8. AGE: Years 63 ~~64~~ | Months 9 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Sales Engineer

11. Industry or business: Pyle-National Company

12. Name: Peter Kilker

13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name: Christina Van Lambert

15. Birthplace: St. Louis (City, town, or county) Missouri 1) (State or foreign country)

16. (a) Informant: Mrs. Bertha Kilker

(b) Address: 3857 Charlotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-3-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt St. Mary

18. (a) Signature of funeral director: J W Wagner

(b) Address: Kansas City, Mo.

19. (a) 9-2-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MOTHER FATHER

Can by affid. 9-2-48 H. C. Sales

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31 year 1948 hour 10: minute 15 A M.

21. I hereby certify that I attended the deceased from ..., 1948, to Aug 31, 1948 that I last saw h. alive on Aug 31, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary occlusion

Due to: Hemorrhage into atheromatous area of coronary

Due to:

Other conditions: Chronic Myocardial infarction
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 9/10

Of autopsy: Noted above

Duration

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 0

23. Signature: Harry L. Jones (M. D. or other)

Address: Kansas City Mo. Date signed 9-1-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Bryant

M-0848

SEP 20 1948

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 Alvin R. Hanneschild

Licensed Embalmer No. 4159

P. O. Address Kansas 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.

State of Missouri } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 29835-48
Local Registrar's No.

On this 18th day of November, 1948, before me appears Mrs Bertha Kilker, who, upon her oath, states that the original record of ~~birth~~ death for Robert L. Kilker Sr. ~~born~~ died August 31st, 1948, in the State of Missouri, and which was filed at Kansas City on Sept 1, 1948, should be corrected as follows:

Item No. 7 should read November 18 - ~~1883~~ 1884
Instead of November 18 - ~~1884~~ 1883

Item No. 8 should read 63 years 9 months 13 days
Instead of 64 years 9 months 13 days

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Bertha Kilker
Relationship. widow

3857 Charlotte, K.C. Mo.
Present Address.

Subscribed and sworn to before me this 18th day of November, 1948.

My Commission expires January 7-1952 Myra J. Besse Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
Ia X37817

S-29835 1948