

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32142

FILED NOV 4 1948

Registrar's No. 359

Registration District No. 1483

Primary Registration District No. 3007

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

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: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

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

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

If yes, name country —

3. (a) PRINT FULL NAME John William Killingsworth

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October, day 19, 1948
year 1948 hour — minute 7:45 A.M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased: January 17 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 15 1948 to Oct 19 1948
that I last saw him alive on Oct 19 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 9 Days 2 If less than one day
hr. — min. —

Immediate cause of death By state pneumonia Duration —

9. Birthplace unknown Arkansas
(City, town, or county) (State or foreign country)

Due to Cardiac decompensation

10. Usual occupation Farming

Due to Chronic myocarditis

11. Industry or business —

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

12. Name Green Killingsworth

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

Major findings: Of operations —

14. Maiden name unknown

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

Of autopsy —

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

16. (a) Informant Roy Killingsworth

(b) Address Risco Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

17. (a) Burial (b) Date thereof 10-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCray Arkansas

(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 Linda Funeral Home

(b) Address Campbell Missouri

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

19. (a) 10/25/48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature Frank E. Small (M. D. or other) MD
Address Poplar Bluff MO Date signed 10/24/48

RECEIVED

District Health Office No. 2

District File Number 1148-~~13~~13

Date Filed 11-1-48

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.