No. 2
-5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1948

Registration District No. 121

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5452

State File No. 32661

Registrar's No. 30

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Ash Grove R. R.
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: Native

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Ash Grove
(If outside city or town limits, write "RURAL")
(d) Street No.: R. R.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: John Samuel Killingsworth
3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Parmalee Killingsworth
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: 4 (Month) – 22 (Day) – 1865 (Year)
8. AGE: Years 83 | Months 6 | Days 4 | If less than one day ..... hr. ..... min.
9. Birthplace: Ash Grove, Greene Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Minister of the Gospel
11. Industry or business: Farming
MOTHER FATHER
12. Name: White Killingsworth
13. Birthplace: Ash Grove (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Rosetta Summers
15. Birthplace: Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant: Mary Killingsworth
(b) Address: Ash Grove Mo.
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 10-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Kelly Cemetery
18. (a) Signature of funeral director: Morris Lemon
(b) Address: Ash Grove Mo.
19. (a) 10/30/48 (Date received by registrar) (b) Orene E. Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26 year 1948 hour 8 minute 55 A. M.
21. I hereby certify that I attended the deceased from JAN 1948, to OCT 25 1948, 19..; that I last saw him alive on OCT 25th, 1948, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CARDIAC DROPSY	
Due to: HYPERTENTION, ARTERIOSCLEROSIS	
Due to: GENERAL DEBILITY, SENILITY	
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? ..... (Specify type of place)
While at work ..... (c) Means of injury .....
23. Signature: L. J. Barber M.D. (M. D. or other)
Address: WALNUT GROVE, MO Date signed: OCT 27 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 48-11-75
Date Filed 11-6-48

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~~ Paul V. Gourty, Registered Apprentice No. 236 working under my personal supervision.

Signed L. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.