S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4019

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 days (Specify whether
In this community 43 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 4412 Scarrett STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME William Ralph Kilbury
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 9 (Month) 29 (Day) 48 (Year)

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

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Ralph Oliver Kilbury
13. Birthplace Goodman (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Ruth Evelyn Macomber
15. Birthplace Falls city (City, town, or county) Nebraska (State or foreign country)
16. (a) Informant Mrs. Ralph Kilbury
(b) Address 4412 Scarrett STREET
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-3-48 (Month) (Day) (Year)
(c). Place: burial or cremation Falls City Nebraska
18. (a) Signature of funeral director D W Newcomer Sons
(b) Address 1401 Brush Creek Kc Mo
19. (a) 10-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd
year 1948 hour 10 45 minute PM M.
21. I hereby certify that I attended the deceased from 9-29-48, 19..., to 10-2-48, 19...;
that I last saw him alive on 10-2-48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho pneumonia	1 day
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations — 107	
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? — (e) Means of injury —
23. Signature Eugene H. Ferguson (M. D. or other)
Address 933 Prof Bldg Date signed 10-3-48

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard L Loran

Licensed Embalmer No. 4250

P. O. Address K C 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.