

FILED JUN 10 1952

STANDARD CERTIFICATE OF DEATH

State File No. 16966

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 242

495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. LENGTH OF STAY (If in hospital or institution) 10 days		d. STREET ADDRESS (If rural, give location) 511 N. Wall	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED a. (First) Sarah		b. (Middle) Ella		c. (Last) Kilts		4. DATE OF DEATH (Month) 5 (Day) 27 (Year) 1952			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH May 27-1860			
9. AGE (In years last birthday) 92		10. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (State or foreign country) Sandusky City, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				13a. FATHER'S NAME Wallace Taylor					
13b. MOTHER'S MAIDEN NAME Susan Myers				14. NAME OF HUSBAND OR WIFE E. A. Kilts, Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Charles Barton Herrin, 511 N. Wall			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal insufficiency Bladder infection "Stroke" DUE TO (b) Sensity (92); whitrodemic fracture hip. DUE TO (c) 334 X F				INTERVAL BETWEEN ONSET AND DEATH 1549 849	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

13a. FATHER'S NAME Wallace Taylor		13b. MOTHER'S MAIDEN NAME Susan Myers		14. NAME OF HUSBAND OR WIFE E. A. Kilts, Deceased	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin, Jasper Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 - 18 - 52 - a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell from bed at home	
22. I hereby certify that I attended the deceased from 5/18, 1952, to 5/27, 1952, that I last saw the deceased alive on 5/27, 1952, and that death occurred at 3:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE X [Signature]		23b. ADDRESS 420 Byers Avenue Joplin, Missouri		23c. DATE SIGNED 5/29/52	
24a. BURIAL—CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-29-1952		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery	
				24d. LOCATION (City, town, or county) (State) Webb City, Missouri	

24a. BURIAL—CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-29-1952		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. 6-5-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mortuary, Joplin, Mo		ADDRESS	

RECEIVED 6-9-52
Jasper County Health Office

County File Number 52/6/432
Date Filed 6-9-52

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

William G. Heston

Signed.....
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin 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.