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REGISTRATION DISTRICT NO. **12**

PRIMARY REGISTRATION DISTRICT NO. **4211**

REGISTRAR'S NO. **28**

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

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
309 Jefferson St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 37 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(If outside city or town limits, write "RURAL")  
(d) Street No. 309 Jefferson St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Riley Kilburn

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Draper Kilburn 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased. April 16 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 6 16 hr. min.

9. Birthplace Pulaski County, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Thomas Kilburn 9  
13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mahalia Vaught  
15. Birthplace unknown unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. R. Kilburn

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 11-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) 11-3-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2  
year 1940 hour 1:15 a Minute M.

21. I hereby certify that I attended the deceased from Oct. 1, 1940 to Nov. 1, 1940  
that I last saw him alive on Nov. 1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Enlarged Prostate and Uremic Poison

Due to \_\_\_\_\_

Due to [Signature]

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy None

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? \_\_\_\_\_

319 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Windsor, Mo. Date signed 11-2-40

Duration 5 hrs.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7.

District File Number 12-40-1788

Date Filed 12-13-40

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

*Eldred H. Austin*

Licensed Embalmer No.

3391

P. O. Address

*Windsor, 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.