

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REG'D JUL 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23066
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
(b) Township Richmond Mo. Primary Registration District No. 3035
(c) City Richmond (d) Street No. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 234

2. PRINT FULL NAME

Wm Earl Killion

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanch Killion

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 - 1898

7. AGE YEARS 40 MONTHS 6 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo.

FATHER 13. NAME Joseph C. Killion
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweet Springs Mo.

MOTHER 15. MAIDEN NAME Sallie A. McCullister
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweet Springs Mo.

17. INFORMANT Blanch E. Killion (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Mo. DATE May 26, 1939

19. FUNERAL DIRECTOR J. B. Brothers (ADDRESS) Richmond Mo.

20. FILED July 1, 1939 male (Address) Richmond Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1939 to May 23, 1939
I last saw him alive on May 23, 1939 Death is said to have occurred on the date stated above, at 6:10 P. M.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation
92 W
Date of onset 1928

Other contributory causes of importance: inflammation of the (Bright's) Nephritis.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide? Date of injury _____, 19_____
where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) D. E. G. Perare M.D.
(Address) Richmond Mo.

RECEIVED
District Health Officer No. 8,
District File Number
5/27/74
to Filed

STATEMENT BY LICENSED EMBALMER

I, J. B. Brothers, Licensed Embalmer No. 2001
hereby certify that the body recorded on the reverse side of this certificate was embalmed by May Selger
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Brothers Funeral Home
J. B. Brothers
Licensed Embalmer No.

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.)