

No. 2  
-2-43  
17-39  
X35597

FILED MAR 6 1946  
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. ....

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

1. PLACE OF DEATH

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Washa  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name & country \_\_\_\_\_

3. (a) PRINT FULL NAME Harold Eugene Kilstrap  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 24 - 1923  
(Month) (Day) (Year)

8. AGE: Years 22 Months 11 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Passie Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business discharged from service

12. Name Troy Kilstrap  
13. Birthplace Newton Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elise Ruth Chenoweth  
15. Birthplace Newton Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Troy Kilstrap  
(b) Address Ab 1. Washa Mo  
17. (a) Burial (b) Date thereof 2-13-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Century Cemetery

18. (a) Signature of funeral director Thornhill Dillon  
(b) Address 305 W. 4th St  
19. (a) 2-12-46 (b) Ed Jones  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 7<sup>th</sup>  
year 1946 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: Internal Hemorrhage  
Due to: Fractured Skull

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1701 4/26  
PHYSICIAN W. D. Duffell  
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) accident 73  
(b) Date of occurrence 2/7/46  
(c) Where did injury occur? R.R. Newton Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place - Hi Way - Railroad  
While at work? No (Specify type of place) (e) Means of injury Car turned over  
23. Signature W. D. Duffell (M. D. or other) over  
Address 2114 Joplin Date signed 2/8/46

158

46-2-148

MAY 7 1945  
MAR 19 1945

MAR 22 1945

JUN 20 1945

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 Cecil A. Hamhill

Licensed Embalmer No. 3590

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.