

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

3126
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2007 Registered No. _____
 (c) City Jasper (d) Street No. Freeman Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME

Gladys Irene King 520
 (a) Residence, No. Galena Bus Park 2 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX H 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Earl T King
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 4 22
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1938
 22. I HEREBY CERTIFY, That I attended deceased from 1-4-38 to 1-4-38
 I last saw him alive on Jan. 4, 1938 Death is said to have occurred on the date stated above, at 5:30 p.m. 1/4/38
 The principal cause of death and related causes of importance were as follows:
Automobile accident Date of onset _____
fractured neck
11:00 AM
 Other contributory causes of importance:
(was riding in car with husband)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rusk Texas
 13. NAME George P Reynolds
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atto Texas
 15. MAIDEN NAME Ruby Ardrey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rusk Texas
 17. INFORMANT (ADDRESS) Earl King #2 Galena Bus
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn Cemetery DATE 2-5-38
 19. FUNERAL DIRECTOR (ADDRESS) Frank Sievers West Jasper Mo
 20. FILED 1-5-38 Ed D James Local Registrar

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy none
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury 1/3/38
 Where did injury occur? Jasper Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
One Parkway Ave Jasper, Mo
 Manner of injury Automobile accident
 Nature of injury Fractured neck
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. H. Winchester, Coroner M. D. 4
 (Address) Jasper, Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, David Dillon, Licensed Embalmer No. 3898
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. 3898 or by Registered Apprentice No.
working under my personal supervision.
Signed David Dillon
Licensed Embalmer No. 3898

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)