

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

17336  
 Do not use this space.

1. PLACE OF DEATH <sup>RECORDED JUN 9 1938</sup>  
 (a) County Jackson Registration District No. 399  
 (b) Township Kan Primary Registration District No. 1002 Registered No. 2033  
 (c) City Kansas City (d) Street No. 92 C Gen Hosp 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. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME King Sterling Price 620  
 (a) Residence, No. 3005 E. 59th 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**

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26, 1869

7. AGE YEARS 70 MONTHS 6 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 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) Agency Mo

FATHER 13. NAME William King 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER 15. MAIDEN NAME Pearlina Harless 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) A. S. King 3005 E. 59th

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Mill Cem DATE 5-16-38

19. FUNERAL DIRECTOR (ADDRESS) Lucian Davis Dearborn Mo

20. FILED May 16 1938 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-6 1938 to 5-15 1938  
 I last saw him alive on 5-15 1938 Death is said to have occurred on the date stated above, at 1:20 am  
 The principal cause of death and related causes of importance were as follows:  
Prostatic Hypertrophy; Chronic Cystitis; and Ascending Pyelonephritis  
 Other contributory causes of importance: Cardiac Hypertrophy  
 Name of operation None Date of.....  
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury.....  
 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?  
 If so, specify.....  
 (Signed) P. J. De Marco M. D.  
 (Address) 92 C Gen Hosp

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.

STATEMENT BY LICENSED EMBALMER

I, Lucian Davis, Licensed Embalmer No. 1714  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Lucian Davis  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.  
Signed Lucian Davis  
Licensed Embalmer No. 1714

**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.)**