

REC'D JUL 12 1938

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

20958
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township Jackson
(c) City Kansas City

Registration District No. 399
Primary Registration District No. 1002

(d) Street No. 720 Genl 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. 5 3 3
(f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 2408

2. PRINT FULL NAME

King George W.
(a) Residence, No. 2410 1/2 Wood 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 m 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 Fannie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 16

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) Penn

FATHER 13. NAME Daniel King 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 6

MOTHER 15. MAIDEN NAME Mary Lauer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) De Wida Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Genl DATE 6-15-38

19. FUNERAL DIRECTOR (ADDRESS) John J. Hapsteyn
536 Campbell St

20. FILED June 15 1938 M. M. Boone
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1938 to 6-5 1938

Last saw him alive on 6-5 1938 Death is said to have occurred on the date stated above, at 1:15 P.M.

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

Gastric ulcer with
hemorrhage Date of onset

Other contributory causes of importance:

Cancerous of
left kidney with acute
pyelitis

Name of operation _____ 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 _____, 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?

If so, specify _____

(Signed) P. H. De Maria M. D.
(Address) Supt K C Genl Hosp KCM

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

RESERVED FOR BINDING

V. S. NO. 2-7

I X12004

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

Signed.....

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.)