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.

REC'D DEC 14 1938

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

38357
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 4591
(c) City K. C. Mo. (d) Street No. 4016 Woodland 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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 520 John Washington KING
(a) Residence, No. 4016 Woodland 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): Unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: - - - -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ?/?/1879
7. AGE: YEARS 59 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Not Known
9. Industry or business in which work was done, as saw mill, bank, etc.: Dishwasher &
10. Date deceased last worked at this occupation (month and year): Janitor till death.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

17. INFORMANT (ADDRESS): Identification card found on person was all available

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 11/26/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mellody - McGilley K. C. Mo.

20. FILED Nov. 27, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 730 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic fibrous pulmonary tuberculosis	
Tuberculous nephritis	23
Hypertrophy of heart	
Other contributory causes of importance:	
Pulmonary edema	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Victor W. Fuhter M. D.
(Address) Gen Hosp; K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Ht - 5' 8"
Wt. 140#
Hair Gray
Eyes Brown

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.