

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 MAR 21 1939

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

7343
 Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 626
 (b) Township Marionville Primary Registration District No. 3031 Registered No. 15
 (c) City Marionville (d) Street No. St. Francis 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

520 Mrs. Many King
 (a) Residence, No. Elmo Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 1/20, 1939, to 2/4, 1939.
 I last saw her alive on 2/4, 1939. Death is said to have occurred on the date stated above, at 3:00 P. M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17 1854

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

84 II I7

Acute Mastoiditis
 Acute Cellulitis
 of base + neck.
 1130

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. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

Serumitis
Chronic Myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

17. INFORMANT (ADDRESS) T. J. King
Burlington Jct. Mo.

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 2-7 1939

Manner of injury _____

Nature of injury _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Communion Co
Marionville, Mo

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) D. G. Deyland, M. D.
Burl Jct Mo (Address)

20. FILED 2-6 1939 Marie E. Clardy Local Registrar

RECEIVED

District Health Officer No. 11,

District File Number 11-39-128

Date Filed MAR 11 1939

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,

J. Blum

, or by

Registered Apprentice No., working under my personal supervision.

Signed

J. Blum

Licensed Embalmer No. 1675

P. O. Address

Maryville 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, above space should be left blank.