

REC'D MAY 18 1939

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

14777
Do not use this space.

1. PLACE OF DEATH
 (a) County Dunklin Registration District No. 289
 (b) Township Cotton Hill Primary Registration District No. 5407 Registered No. 12
 (c) City or _____ (d) Street No. _____ 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 Buddie Lee King
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 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) Malden MO
 FATHER 13. NAME James King
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New ark ark
 MOTHER 15. MAIDEN NAME Dallie Dockins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden mo
 17. INFORMANT (ADDRESS) James King Malden mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Malden mo DATE 4-23 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll Funeral Co. Malden
 20. FILED 4/20 1939 S. E. Mitchell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22 1939
 22. I HEREBY CERTIFY, That I attended deceased from 4 19 1939 to 4-22 1939
 I last saw him alive on 4-21 1939 Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset 4/19
 Other contributory causes of importance: 11A
Emphysema 4/5
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? no
 If so, specify _____
 (Signed) Henry Lee Cuddeback M. D.
 (Address) Malden 262

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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RECEIVED

District Health Officer No. 3,

District File Number 39-331

Date Filed 5-12-39

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.