

REC'D JUN 8 1939

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

17531
Do not use this space.

1933

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002
 or Kansas City
 (c) City Kansas City (d) Street No. 1604 Holmes 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
 (a) Residence, No. 1604 Holmes 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 ma 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1884

7. AGE YEARS 54 10 MONTHS 10 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver
 9. Industry or business in which work was done, as saw mill, bank, etc. Driver
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Candor Mo.13. NAME Ben. King14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hefington Mo.15. MAIDEN NAME Sally Walker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo.17. INFORMANT (ADDRESS) Mrs. Lee King
H.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Candor Mo. DATE 5-8 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Tigler
H.C. Mo.20. FILED May 8 1939 M.M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6-39 19

22. I HEREBY CERTIFY That I attended deceased from 19.....

I last saw him alive on 5-6-39 at 8:00 a.m. Death is said to have occurred on the date stated above, at 8:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Labau pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of yeWhat test confirmed diagnosis? Was there an autopsy? ye23. 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) Walter H. Hester M. D.(Address) Lee Hester H.C. Mo.

(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.

I X16405

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.