

SEP 6 1939

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

28169
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, Registration District No. 399
 (b) Township Kaw, Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 2334 East 48th Terrace, Registered No. 3171
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Annie Margaret King,
 (a) Residence, No. 2334 East 48th Terrace, 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Henry King,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1, 1858,</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>2</u>	DAYS <u>7</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>		
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) <u>Wisconsin, 1</u>		
13. NAME <u>David Kirk, 9</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, 9</u>		
15. MAIDEN NAME <u>Lucy Switzer,</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown,</u>		
17. INFORMANT (ADDRESS) <u>Lucy E. King, 2334 East 48th Terrace, K.C., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cottonwood Falls, Ks</u> DATE <u>8-10 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Stine & McClure, 3235 Gillham Plaza, K.C., Mo.</u>		
20. FILED <u>8/10 1939 M.M. Browne</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1936, to August 8, 1939.
 I first saw her alive on August 8, 1939. Death is said to have occurred on the date stated above, at 10:45 p.m.

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

Cardiac failure. Date of onset _____
31
 Other contributory causes of importance:
Chronic endocarditis
Stenility. Chronic
parenchymatous nephritis.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) Dr. Chas. J. Carney, M.D.
 (Address) 126 West 63rd St.

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.

THIS IS A PERMANENT RECORD

Dr. Chas. L. Curry,

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 E. M. Plueck

Licensed Embalmer No. 1848

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.