

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

29143
 Do not use this space.

SEP 12 1939

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township Campbell Primary Registration District No. 2001 Registered No. 625
 or SPRINGFIELD
 (c) City SPRINGFIELD (d) Street No. Springfield Baptist Hos. 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 11 yrs. 11 mos. 11 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

520 NORMA JEAN KING
 (a) Residence, No. 509 N. Nebleton St 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 11 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 11 19

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

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) MO

FATHER
 13. NAME Alden King

14. BIRTHPLACE (CITY OR TOWN) protem (STATE OR COUNTRY) MO

MOTHER
 15. MAIDEN NAME May H. Halderby

16. BIRTHPLACE (CITY OR TOWN) Brandsville (STATE OR COUNTRY) MO

17. INFORMANT alden king (ADDRESS) 509 N. Nebleton

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 8-13 1939

19. FUNERAL DIRECTOR (NAME) Union General (ADDRESS) Springfield, Mo

20. FILED Aug 13 1939 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 11 1939

22. I HEREBY CERTIFY, That I attended deceased from aug 8 1939 aug 11 1939
 I last saw her alive on aug 11 1939 Death is said to have occurred on the date stated above, at 8:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Thrombosis of Carotid Sinus
"Primary"
 Date of onset aug 5 1939
 Other contributory causes of importance: 42 yr

Name of operation None Date of _____
 What test confirmed diagnosis? Symptoms 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? No
 If so, specify _____
 (Signed) J. S. Bruton, M. D.
 (Address) Springfield MO

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.

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

Hayd W. G. H.

Licensed Embalmer No.

2910

P. O. Address

129 W Walnut

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.

K