

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

31913
 Do not use this space.

85 ✓

1001

Registered No. **960**

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 2

(b) Township St. Joseph Primary Registration District No. 1001

(c) City St. Joseph (d) Street No. 2907 N 6th. St.

(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NANCY JANE KING

(a) Residence, No. 2907 N. 6th. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2nd, 1866

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

73 6 15

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Carlyle
 (STATE OR COUNTRY) Illinois

FATHER

13. NAME John Jones

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT J. A. King
 (ADDRESS) 2907 N. 6th. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Auburn DATE Sept. 19th 1937

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.
 (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED Sept 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939, to Sept 16, 1939

I last saw her alive on Sept 16, 1939. Death is said to have occurred on the date stated above, at 9.15 A.M.

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

Acute Nephritis and Uremia
following

Other contributory causes of importance:
Acute Corpnal followed by
Acute Bronchitis

Date of onset Sept. 15-39

Name of operation None Date of Sept 16

What test confirmed diagnosis? Clinical 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) H. A. Robertson, M. D.
 (Address) St. Joseph, 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.

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done
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RM

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 Winifred S. Schooley
Licensed Embalmer No. 3909
P. O. Address St. Joseph, 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.