

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

**34887**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson, Registration District No. 399  
 (b) Township Kaw, Primary Registration District No. 1007  
 (c) City Kansas City, Mo. (d) Street No. 4020 Montgall, 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.

Registered No. **3862**

**2. PRINT FULL NAME**

William Monroe King, 590  
 (a) Residence, No. 4020 Montgall, 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married,</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Altha C. King,</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>September 7, 1862.</b>		
7. AGE <b>77</b>	YEARS <b>0</b>	MONTHS <b>28</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>At home.</b>		9. Industry or business in which work was done, as saw mill, bank, etc. <b>Retired Salesman</b>
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) <b>Missouri.</b>		
FATHER	13. NAME <b>Unknown,</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown,</b>	
MOTHER	15. MAIDEN NAME <b>Unknown,</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown,</b>	
17. INFORMANT <b>Altha C. King,</b> (ADDRESS) <b>4020 Montgall, Kansas City, Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Sedalia, Mo.</b> DATE <b>10/5/39</b>		
19. FUNERAL DIRECTOR (NAME) <b>Stine &amp; McClure,</b> (ADDRESS) <b>3235 Gillham Plaza, K. C., Mo.</b>		
20. FILED <b>Carb</b> 19 <b>39</b> <b>M. M. Brown</b> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 5, 1939.**

22. I HEREBY CERTIFY, That I attended deceased from May - 26 - 1939, to Oct. 5 - 1939  
 I last saw him alive on 10-5-, 1939. Death is said to have occurred on the date stated above, at 7:45 pm  
 The principal cause of death and related causes of importance were as follows:  
Congestive Heart Failure  
 Date of onset 131

Other contributory causes of importance:  
Hypertension, glomerulo nephritis  
 Date 472-

Name of operation Amial Date of 700  
 What test confirmed diagnosis? Amial Was there an autopsy 700

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 Small Block M. D.  
 (Signed) \_\_\_\_\_ (Address) 924 Prof. Bldg. K.C. 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.

Dr. Donald Black,

V. 1. 8 H A

Prof. Black

12:00 until 5:00

**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

*J. B. Waters*

Licensed Embalmer No. *3992*

P. O. Address *K C 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.**