DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38742

Registration District No. 399 (DEC 11 1939)

Primary Registration District No. 1002

Registrar's No. 4506

1. PLACE OF DEATH: 2

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3933 Benton Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 45 Years

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3933 Benton Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Alf Lyman King 590

3. (b) If veteran, name war Unk.

3. (c) Social Security No. 486-10-9004

4. Sex Ma

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Constance King

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 8 (Day) 1870 (Year)

8. AGE: Years 69 Months 4 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Nebr. (State or foreign country)

10. Usual occupation Hotel Dectective

11. Industry or business

FATHER
12. Name Smith King
13. Birthplace Unknown (City, town, or county) ? (State or foreign country)

MOTHER
14. Maiden name Mattie Lyman
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Martha E. Kelly
(b) Address 3933 Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W F Mayberry
(b) Address 2315 Linwood

19. (a) Nov. 27, 1939 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1939 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 20, 1939, to Nov 26, 1939; that I last saw him alive on 11-26, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Chronic nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? 1 (e) Means of injury

23. Signature Herbert L. Langer (M. D. or other)
Address 4525 Prospect Date signed 11-27-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

MARGIN RESERVED FOR BINDING

50M-6-17-39
Rev. 5-17-39
1 X19511

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 Ray E. Snow

Licensed Embalmer No. 25760

P. O. Address 2315 [illegible]

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.