

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

41121
 Do not use this space.

DEC 3 1939

1. PLACE OF DEATH
 (a) County WRIGHT Registration District No. 907
 (b) Township PLEASANT VALLEY Primary Registration District No. 4548
 (c) City MANSEFIELD (d) Street No. _____ 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 74 yrs. 6 mos. 1 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME MARY JANE KING
 (a) Residence, No. _____ 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WILLIAM C. KING
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 31 - 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 1
 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. Home
 10. Date deceased last worked at this occupation (month and year) JULY 1, 1939 11. Total time (years) spent in this occupation LIFE
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WRIGHT CO. MISSOURI
 FATHER 13. NAME JAMES HIGHT
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORTH CAROLINA
 MOTHER 15. MAIDEN NAME ANN TRIPPE
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN
 17. INFORMANT (ADDRESS) Olbert King, Julia Orlut
 18. BURIAL, CREMATION, OR REMOVAL PLACE MANSEFIELD Cem. DATE DEC. 3 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) E.A. STREEB, MANSEFIELD Mo.
 20. FILED Dec 16 1939 J. M. Short Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1939, to Dec 2, 1939
 I last saw her alive on Dec 1, 1939. Death is said to have occurred on the date stated above, at 2 A.M.
 The principal cause of death and related causes of importance were as follows:
Intestinal Carcinoma Date of onset _____
 Other contributory causes of importance: Hb
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) J. A. Fuzon M. D.
 (Address) Mansefield 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

G. A. Stiffe

Licensed Embalmer No. *3221*

P. O. Address *Manassas Va*

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.