

Jan 10 1939

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

343703
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 412
 (b) Township 1 Primary Registration District No. 4244 Registered No. _____
 (c) City Neck City (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 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
67 0 28

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) (STATE OR COUNTRY) Jasper County Missouri

FATHER
 13. NAME A. H. Peab
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
 15. MAIDEN NAME Bester
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Orice King
Neck City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Bluff, Ia DATE Dec 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Mastroy
Carthage, Mo

20. FILED 12/12 1939 Charles C. Craft Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1939, to Dec 11, 1939
 I last saw him alive on Dec 11, 1939. Death is said to have occurred on the date stated above, at 9:10am.
 The principal cause of death and related causes of importance were as follows:
Anemia
93C

Date of onset

Other contributory causes of importance:
Dangerous decubitus
Chronic myocardial degeneration

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) Robert A. Perry M. D.
Alba H. D. (Address)

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.

RECEIVED,

District Health Officer No. 6,

District File Number 140-1038

Date Filed JAN 9 1940

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.....

Licensed Embalmer No. 391

P. O. Address Orphan

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.