

Registration District No. 625

Primary Registration District No. 3031

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.

1. PLACE OF DEATH:
(a) County NODAWAY
(b) City or town Marionville
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Unamed Daughter of Mat Mrs. Fred. B. King
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single
7. Birth date of deceased Dec. 9, 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Fred B. King
13. Birthplace Nodaway Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Doris A. Clark
15. Birthplace Philadelphia Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred B. King
(b) Address Wilcox, Mo.

17. (a) burial (b) Date thereof 11-10-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cain Cemetery

18. (a) Signature of funeral director John W. Price
(b) Address Marionville Mo.

19. (a) 12-12-39 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 9
year 1939 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 12-9
to 12-9, 1939 to 12-9, 1939.

that I last saw her alive on 12/9 and that death occurred on the date and hour stated above.

Immediate cause of death Rumaturity
Due to Brown Burn at 6 mo gestation
Due to _____
Other conditions (include pregnancy within 3 months of death) 159

Major findings: Of operations _____
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (d) Means of injury _____
28. Signature D. J. DeLund (M. D. or other) _____
Address Bushington, Mo. Date signed 12-9-39

RECEIVED

District Health Center No. 11,

District File Number.....140-1958

Date Filed.....

JAN 13 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.....

P. O. Address.....

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.