

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 10 1940

Registration District No. 762

Primary Registration District No. 6003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair 2

(b) City or town Collins, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community About 25 years (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Squire Thomas King

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband's wife Laura King 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 20 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 7 13 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____ 0

MOTHER FATHER

12. Name Rufus King 1

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Williams
(City, town, or county) (State or foreign country)

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. B. King

(b) Address Collins Mo

17. (a) Burial (b) Date thereof Dec. 4 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Joseph T. Treston

(b) Address Humansville, Mo.

19. (a) Dec. 20, 1939 (b) Mrs. L. L. Landaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1939 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 23, 1939 to December 1, 1939
that I last saw him alive on December 1, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
(apoplexy)

Due to _____ Duration _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. H. Bowerman (M. D. seal) _____
Address Humansville, Mo. Date signed 12-5-39

MARGIN RESERVED FOR BINDING

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.

RECEIVED

District Health Officer No. 7,

District File Number 1-40-97

Date Filed 1-9-40

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.....

Paul Jewstone

Licensed Embalmer No. 3990

P. O. Address Calvin 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.