

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

FILED FEB 5 1940

1842  
Do not use this space.

1. PLACE OF DEATH **Cathwell, Lincoln,** Registration District No. **95-**  
 (a) County ..... Primary Registration District No. **3141**  
 (b) Township .....  
 (c) 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Florence King.** 570  
 (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 **Single,** (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF ..... (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July, -10th. -1875**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>64</b>	<b>5</b>	<b>23</b>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerical,**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Book Keeping,**  
 10. Date deceased last worked at this occupation (month and year) **1939** 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) **Cowgill,** (STATE OR COUNTRY) **Missouri,**

FATHER  
 13. NAME **Edwin James King,**  
 14. BIRTHPLACE (CITY OR TOWN) **New York,** (STATE OR COUNTRY) .....

MOTHER  
 15. MAIDEN NAME **Elma Renfro,**  
 16. BIRTHPLACE (CITY OR TOWN) **Ray County,** (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Miss Lillian King**  
**Cowgill, Mo.**

18. BURIAL, CREMATION, OR RECOVAL PLACE **Cowgill Cemetery, Jan. -5th. - 40**

19. FUNERAL DIRECTOR (NAME) **E. P. Michael**  
 (ADDRESS) **Raymond, Mo.**

20. FILED **1-5** 19 **40** **Mrs. M. O. Forbes**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 3, 1940**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 9**, 1939, to **Jan 3**, 1940.  
 I last saw her alive on **Jan 3**, 1940. Death is said to have occurred on the date stated above, at **9:25 P.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Acute Cardiac Dilatation**  
**Coronary Sclerosis**  
**46**  
 Other contributory causes of importance:  
**Secondary Anemia**

Date of onset **1-1-40**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **No**

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? **No**  
 If so, specify .....  
 (Signed) **John R. Crawford, M.D.**  
 (Address) **Raymond, Mo.**

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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 X 1603

RECEIVED

District Health Officer No. 119

District File Number 240-14

Date Filed FEB 2 1940

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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, 335

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*E. T. Michael*

Licensed Embalmer No. 1363

P. O. Address Braymer, 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.