

FILED APR 12 1940

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 520
years, months or days)

3. (a) PRINT FULL NAME GEORGE W. 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 or wife Edna 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased July 25 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 4 If less than one day hr. min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Ill

10. Usual occupation Farmer

11. Industry or business _____

MOTHER { 12. Name Hessie King 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Wickham 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Edna King

(b) Address R 4 Poplar Bluff Mo

17. (a) Burial (b) Date thereof Mar 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Poplar Bluff
(b) Address 3/31/40

19. (a) 3/31/40 (b) Chas. H. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town 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 Mar day 29
year 1940 hour 9:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 26, 1940, to March 29, 1940
that I last saw him alive on March 29, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature [Signature] (M. D. or other) M. D.
Address Poplar Bluff, MO. Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

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 A. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Patrol Bleffm

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.