

FILED APR 18 1940

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

11881

Do not use this space.

## 1. PLACE OF DEATH

(a) County Madaway Registration District No. 626  
 (b) Township Polk Primary Registration District No. 3031 Registered No. 2K  
 (c) City or Maryville (d) Street No. Dredonace Landfather's Hospital 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

Harriet Cooper King  
 (a) Residence, No. 108 North Buchanan 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Smeed King</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 25 1875</u>		
7. AGE <u>64</u>	YEARS <u>64</u>	MONTHS <u>10</u>
		DAYS <u>22</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Owner of Manager of Apartment House</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>of Apartment House</u>	
	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) <u>Vinton Iowa</u>		
FATHER	13. NAME <u>Orville L. Cooper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Milford New York</u>	
MOTHER	15. MAIDEN NAME <u>Ann Shure</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vinton Iowa</u>	
17. INFORMANT (ADDRESS) <u>Dr. Howard R. Jeneral Maryville Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Removal to Vinton Iowa for Burial</u> DATE <u>March 20 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Campbell Funeral Home 957 South Main Maryville Mo</u>		
20. FILED <u>3-19 1940</u> <u>Mamie E. Clardy</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1923, to Mar. 17, 1940  
 I last saw her alive on Mar. 17, 1940 Death is said to have occurred on the date stated above, at 5:10A.M.  
 The principal cause of death and related causes of importance were as follows:  
Diabetes Mellitus Date of onset 5/1

Other contributory causes of importance:  
Influenza upper Respiratory tract 3-9-40

Name of operation..... Date of.....  
 What test confirmed diagnosis? Rhlingo 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) Howard R. Jeneral, D.O.  
 (Address) Maryville, Missouri

RECEIVED

District Health Officer No. 11

District File Number

Date Filed

440-605  
APR 16 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.....

*William Campbell*

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*William Campbell*

Licensed Embalmer No. 2670

P. O. Address.....

*W. Fayette Me*

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.