DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12596

Registration District No. 821 Primary Registration District No. 6070 Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution All of life (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

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

(d) Street No. Richland Township
(If rural, give location)

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

3. (a) PRINT FULL NAME Maggie Pratt King 520

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William King

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased November (Month) 16 (Day) 1886 (Year)

8. AGE: Years 51 Months 4 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Stacy
13. Birthplace Scott County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Daisey Reed
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. F. Altom
(b) Address Sikeston, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation McMullin Missouri

18. (a) Signature of funeral director Harvey S. Johnson
(b) Address Sikeston, Missouri

19. (a) 4-19-40 (Date received local registrar) (b) G W H Presnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1940 hour 9 minute 00 A M.

21. I hereby certify that I attended the deceased from March 14-1940, 1940 to March 15, 1940 that I last saw her alive on March 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

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

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature G W H Presnell (M. D. or other)
Address Sikeston Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19[illegible]

RECEIVED
District Health Officer No. 2
District File Number 340 - 8
Date Filed 3/25/40

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 Harvey S. Johnson

Licensed Embalmer No. 3704

P. O. Address Scranton Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.