

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17707

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2234

1. PLACE OF DEATH: Jackson

(a) County Kansas City  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 days  
(Specify whether years, months or days) about 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2110 E. 69th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th  
year 1940 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from May 6th, 1940, to May 28th 1940, 19\_\_\_\_;  
that I last saw him alive on May 29th 1940, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Ascending pyelonephritis; Multiple liver abscesses

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See above

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 /

3. (a) PRINT FULL NAME ISAAC W. KING 520

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

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

6. (b) Name of husband or wife Ida C. King, 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August 2, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 9 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman,

11. Industry or business x 7

12. Name William King,

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

14. Maiden name Mary Defount,

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

16. (a) Informant Mrs. Ida C. King,

(b) Address 2110 East 69th St., K.C., Mo.

17. (a) Cremation, (b) Date thereof 5-31-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 31, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

**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

*S. J. Allen*  
.....  
Licensed Embalmer No. 1418

P. O. Address K. C. Mo.

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

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