

FILED JUN 6 1940

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

18217

Do not use this space.

1. PLACE OF DEATH Clinton
- (a) County Clinton Registration District No. 204
- (b) Township Cameron Primary Registration District No. 3013 Registered No. 24
- (c) City Cameron (d) Street No. West Prospect. St.
- (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 John Harvey King.
- (a) Residence, No. West Prospect St. Cameron, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie King.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.

69 9 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Telephone lineman

9. Industry or business in which work was done, as saw mill, bank, etc.

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) DeKalb Co. Mo.

13. NAME Elliott King.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia.

15. MAIDEN NAME Sarah Bowser.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah Mo.

17. INFORMANT Hen E King (ADDRESS) Cameron

18. BURIAL, CREMATION, OR REMOVAL PLACE Wansley Cemetery DATE 5-21-1940

19. FUNERAL DIRECTOR Poland Funeral Home (ADDRESS) Cameron

20. FILED May 21 1940 W. H. Riley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1940 to May 20, 1940

I last saw him alive on Apr 18, 1940 Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

Causes of Prostate Date of onset Not known

Other contributory causes of importance:

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) A. O. Gilliland M. D.

185 (Address) Cameron Mo

RECEIVED
District Health Officer No. 11,
District File Number 640-809
Date Filed JUN 4 1940

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 4090

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.)