

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

REV. 6-17-39  
FORM 1 X-3511

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.

Registration District No. 14

Primary Registration District No. 4211

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

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 42 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(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

3. (a) PRINT FULL NAME Frank Thomas King 520  
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 19  
year 1940 hour 8:50 p.m. minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Beulah Withers King  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Feb. 29 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 1  
1940 to Mar 17 1940  
that I last saw her alive on Mar 17 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months \_\_\_\_\_ Days 20 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Pneumonia  
Due to \_\_\_\_\_  
Due to 131

9. Birthplace Warren County Illinois  
(City, town, or county) (State or foreign country)

Other conditions Alcoholic Poisoning  
(Include pregnancy within 3 months of death)

10. Usual occupation Farming

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

11. Industry or business \_\_\_\_\_  
12. Name Tilton King  
13. Birthplace Warren County Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Ann Waddell  
15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mrs. Frank Nickols  
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof Mar. 23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner  
(b) Address Windsor, Missouri

19. (a) 3-23-40 (b) J. Pennington  
(Date received local registrar) (Registrar's signature)

28. Signature Wm. L. ... (M. D. or other) \_\_\_\_\_  
Address Windsor Date signed \_\_\_\_\_

RECEIVED  
District Health Officer No. 7,  
District File Number 4-40-702  
Date Filed 4-29-40

---

---

**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..... *E. W. Hinton* .....

Licensed Embalmer No. 3391 .....

P. O. Address Windsor, Mo. .....

**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.**