

JUL 15 1940
Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
908 East 16th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bessie Hughes King **520**
8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Fe 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. F. King 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March 28, 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Fayette Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business
MOTHER FATHER { 12. Name Orange Kingsberry
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Ann
15. Birthplace Marshall Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. F. King
(b) Address 908 East 16th
17. (a) burial (b) Date thereof 6/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Mathews Bros
(b) Address 1729 Lydia
19. (a) June 22, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

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. 908 East 16th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 20-40 year _____ hour _____ minute 8:45 M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Relieved Death
Deceased of Coronary Artery (Lgt.)
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury 5
23. Signature Quellinger (M. D. or other) _____
Address _____ Date signed _____

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

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

Isaac Jerome Manlove

Licensed Embalmer No.

3994

P. O. Address

1120 E. 23rd St

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.