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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21017

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2634

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: 4229 Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 4229 Park
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME Kathryn King 520
3. (b) If veteran, name war No
3. (c) Social Security No. 486-01-0306
4. Sex Fe
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Earl King
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Mar 22 1887 (Month) (Day) (Year)
8. AGE: Years 53 Months 3 Days 6 If less than one day ____ hr. ____ min.
9. Birthplace Butler, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Office Manager
11. Industry or business Monkey Cleaners & Dyers
FATHER 12. Name Marion Mallett
13. Birthplace Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lydia Ann Stennett
15. Birthplace Quincy, Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Robert Earl King
(b) Address 3212 College
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill
18. (a) Signature of funeral director Thomas E. Quirk
(b) Address 4316 Troost Ave.
19. (a) June 30, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28 year 40 hour ____ minute 12:45 P. M.
21. I hereby certify that I attended the deceased from June 28, 1940, to ____, 19____; that I last saw the deceased alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Death by hanging 1 hr.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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) Suicide
(b) Date of occurrence 6-28-40
(c) Where did injury occur? K. C. Mo (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? ____ (Specify yes or no) Means of injury ____
23. Signature Walter Wilhelm (M. D. or other)
Address K. C. Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas P. Rusk

Licensed Embalmer No. 3775

P. O. Address K.C. Mo

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.