DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25575

State File No. 63

AUG 16 1940

Registration District No. 461

Primary Registration District No. 5625

Registrar's No.

1. PLACE OF DEATH: Lafayette

(a) County

(b) City or town Lexington Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community All Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

(c) City or town Lexington Mo (If outside city or town limits, write "RURAL")

(d) Street No. R. #2. (If rural, give location)

(e) If foreign born, how long in U. S. A.? all life years.

3. (a) PRINT FULL NAME Mary Francis King 520

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alfred King

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 9 1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	3	21	hr. min.

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

10. Usual occupation Domestic (home)

11. Industry or business

FATHER
12. Name Henry Cole
13. Birthplace Lexington, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Franice Cole
15. Birthplace Lexington, Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alferd King

(b) Address Lexington, Mo.

Prairie Chr. Cem. (Burial, cremation, or removal) (b) Date thereof Aug. 1. 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Winkler

(b) Address Lexington, Mo.

19. (a) Aug 9-40 (Date received local registrar) (b) Delia Bates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day July year 1940 hour 8 30 minute A. M.

21. I hereby certify that I attended the deceased from Feb 5, 1940, to July 30, 1940 that I last saw her alive on July 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Angina Pectoris Chr. myocarditis	
Due to	
Other conditions — (Include pregnancy within 3 months of death) 94 W	
Major findings: Of operations —	
Of autopsy no	

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) no

(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? 8 00 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature [illegible] (M. D. or other)

Address Lexington, Mo Date signed 8/8/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-13-40

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 Geo. A. McKean

Licensed Embalmer No. 2983

P. O. Address Lewiston, Mo.

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

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