

2-40  
-39  
23159

Registration District No. 334

Primary Registration District No. 4197

Registrar's No. 67

1. PLACE OF DEATH: Harrison  
 (a) County Bethany  
 (b) City or town Bethany  
 (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) 20  
 (d) Length of stay: In hospital or institution. (Specify whether  
 In this community all of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Harrison  
 (c) City or town Bethany  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 26  
 year 1940 hour 5 minute 45 P. M.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced divorced  
 6. (b) Name of husband or wife Sam King 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased March 4 1880  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 4 1940 to Sept 26 1940  
 that I last saw her alive on Sept 26 1940  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
60 6 2 hr. min.

Immediate cause of death  
Chronic Myocarditis -  
 Duration 4 years

9. Birthplace Jefferson township Harrison Co Mo  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

10. Usual occupation Housework  
 11. Industry or business \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy no

MOTHER FATHER  
 12. Name John Louisville  
 13. Birthplace Indiana  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Jane England  
 15. Birthplace John  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Willard King  
 (b) Address Bethany Mo  
 17. (a) Burial (b) Date thereof Sept 29 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oakland Cemetery

Physician \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Joe E. Wheeler  
 (b) Address Bethany Mo  
 19. (a) 9-30-40 (b) A. S. Wheeler  
 (Date received local registrar) (Registrar's signature)

23. Signature W. F. Broyles (M. D. or R.N.) 1234  
 Address Bethany Mo Date signed 9/27/40

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 Joe E. Wheeler  
Licensed Embalmer No. 3512  
P. O. Address Bethany MD

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

**If this body is not embalmed, fact should be so stated above.**