

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 427

Primary Registration District No. 4253

Registrar's No. 41

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Holden
 (c) Name of hospital or institution: residence
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community Life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Johnson
 (c) City or town Holden
 (d) Street No. Olive St.
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Susie L. King
 (b) If veteran, name war None
 (c) Social Security No. None

4. Sex F. 5. Color or race W.
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Amos King
 (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased Dec. 4 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 11 hr. min.

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

10. Usual occupation House Wife
 11. Industry or business House Wife

MOTHER FATHER
 12. Name Daniel Koontz
 13. Birthplace Ind.
 (City, town, or county) (State or foreign country)

MOTHER FATHER
 14. Maiden name Margaret Schmidt
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fragin King
 (b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 9/17/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director J. H. Murray
 (b) Address Holden, Mo.

19. (a) Sept 17, 1940 (b) Mrs. V. Redford
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Sept
1940 Year at midnight M.

21. I hereby certify that I attended the deceased from at time
of death, 1940 to Sept 14, 1940;
 that I last saw h. ex. alive on Sept 14
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Due to 44A
 Due to _____

Other conditions arterio sclerosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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? _____
 (e) While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature Kelly Paulina (M. D. or other) _____
 Address Holden Mo Date signed 9/16/40

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.

RECEIVED
District Health Officer No. 8
District File Number
10-11-40
Date Filed

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..... Me.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. H. Murray

Licensed Embalmer No. 2893.....

P. O. Address..... Holden, 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.