

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35475

State File No.

Registration District No. 385

Primary Registration District No. 3336

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Willow Springs
(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 20
In this community 20 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 - day 13
year 1940 hour 12 minute 15 a.m.
21. I hereby certify that I attended the deceased from 10
10-3- 1940, to 10-13- 1940,
that I last saw him alive on 10-12- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 days
Due to 11/10
Due to Gen'l. Arteriosclerosis 10yrs
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) _____
(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?
345 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature J. P. Callahan M.D. (M. D. or other) 1
Address Willow Springs Date signed 10-14-40

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

3. (a) PRINT FULL NAME WILLIAM HENRY KING

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Mary King 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 2 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 11 hr. min.

9. Birthplace Bucks County Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Moyer King
13. Birthplace Penn.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Warford
15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Fleming
(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 10 14 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland, Missouri

18. (a) Signature of funeral director J. C. Burr
(b) Address Willow Springs, Missouri

19. (a) 10-13-40 (b) Nanette Ferguson
(Date received local registrar) (Registrar's signature)

VED

Health Officer No. 5,

File Number 11901107

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.....

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

working under my personal supervision.

Signed J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.