

NOV 20 1940
Registration District No. 5-1

Primary Registration District No. 4388

State File No. _____

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town Caruthersville
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Charlie King

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race C 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Isabel Preston King 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 50 yrs - - - - - hr. min.

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

10. Usual occupation labour at florist

11. Industry or business _____

12. Name unknown to informant

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Henry Jolley

(b) Address Caruthersville, Mo

17. (a) Burial (b) Date thereof 11-17-40
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Becke Cemetery

18. (a) Signature of funeral director H. D. Smith Funeral Home

(b) Address Caruthersville, Mo. 5 911

19. (a) Nov 19, 1940 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Missouri

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

(d) Street No. Joplin Quarters
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-16-40 day _____
year _____ hour 10:32 minute _____ P. M. _____

21. I hereby certify that I attended the deceased from for 15
min, 19 _____, to _____, 19 _____

that I last saw h _____ alive on 11-16-40 (10:32 P.M.), 19 _____

and that death occurred on the date and hour stated above.

Immediate cause of death gunshot (pistol) Duration _____
wound

Due to _____

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) homicide

(b) Date of occurrence 11-16-40

(c) Where did injury occur? Caruthersville, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place) (e) Means of injury pistol

23. Signature O. W. Cook, Md. (M. D. or other) _____

Address Caruthersville Date signed 11-16-40

WHILE I PRINT I USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X1051

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Canthessville, 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.