No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37796

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4394

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 642 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify number) 2
In this community 86 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 642 Prospect
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Mrs. Rose Lee King
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex ~~M~~ F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Solomon King
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Oct. 21, 1854 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	0	26	hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 4
10. Usual occupation Homemaker 4
11. Industry or business 4
FATHER
12. Name Unknown 4
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Maud Dickson
(b) Address 642 Prospect, K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cemetery.
18. (a) Signature of funeral director C.H.Blackman & Son, Inc.
(b) Address
19. (a) 11-18-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th
year 1940 hour 9 minute P M.
21. I hereby certify that I attended the deceased from May, 1930 to Nov 17, 1940
that I last saw her alive on Nov 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) $2.00	
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?
While at work? (Specify type of place) (e) Means of injury ?
23. Signature Chas H. Lee (M. D. or other) M.C.
Address 2608 Indep Date signed 11/18/40

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1942

Dr. Chas Lee,

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 C H Blackwell

Licensed Embalmer No. 2244

P. O. Address.....

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, fact should be so stated above.