

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NEW JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42583

Registration District No. 322

Primary Registration District No. 5447A

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Crisene
(b) City or town Rural Lebanon Mo
(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 _____
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Eva King

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

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

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

7. Birth date of deceased JULY 1 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Henry Whitcomb

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

14. Maiden name Ada Miller
(City, town, or county) (State or foreign country)

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

16. (a) Informant T.F. King

(b) Address Fair Grove Mo

17. (a) ~~State~~ Burial (b) Date thereof 11-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Luke

18. (a) Signature of funeral director L.B. Jones
(b) Address Buffalo Mo

19. (a) 11-14-1940 (b) Allan Barnes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10
year 40 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from October 20, 1940, to November 7, 1940;
that I last saw her alive on November, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Initial regurgitation of heart Duration _____

Due to _____
Due to _____ 9:20

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? _____

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

23. Signature W. E. Albright (M. D. or other) _____
Address Pleasant Hope, Mo Date signed 11/12/40

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

MOTHER FATHER

RECEIVED

Greene County Health Office,

County File Number 40-12-106

Date Filed 12/9/40

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. 2508
working under my personal supervision.

Signed

L. B. Brown
Licensed Embalmer No. 2508

P. O. Address

Buffalo 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, fact should be so stated above.