

2
7-39
X2315

FD JAN 17 1941
Registration District No. **398**

Primary Registration District No. **3019**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
824 No. Noland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **20 yrs**
years, months or days

3. (a) PRINT FULL NAME **Rosa Pearl King**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **F. M.**
5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Earnest R King**
6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased **Feb 24 1884**
(Month) (Day) (Year)

8. AGE: Years **56** Months **8** Days **23**
If less than one day _____ hr. _____ min.

9. Birthplace **Blue Springs Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Collins Bowling**
13. Birthplace **Ky**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Burfas**

15. Birthplace **Blue Springs Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Samblas**
(b) Address **Blue Springs Mo**

17. (a) **Burial** (b) Date thereof **Nov-17-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Springs Mo**

18. (a) Signature of funeral director **R B Smith**
(b) Address **Blue Springs Mo**

19. (a) **Nov. 16 '40** (b) **H. L. Cook**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Independence**
(If outside city or town limits, write "RURAL")
(d) Street No. **824 N Noland**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Nov 16~~ **Nov. 16**
year **1940** hour **1** minute **27 A. M.**

21. I hereby certify that I attended the deceased from **April 20**, 19**40** to **Nov. 16**, 19**40**, that I last saw her alive on **Nov 15**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction - a Cardiac Decompensation**

Due to _____
Due to _____

Other conditions **Parenchymatous nephritis 8 months**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **no op**
Of autopsy **no autopsy**

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 **H. Allen** (M. D. or other) **MD**
Address **Independence, Mo** Date signed **11-16-40**

Duration **8 months**
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

RECEIVED

Jackson County Health Dept.,

County File Number

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *R B Webb*

Licensed Embalmer No. *2353*

P. O. Address. *Blue Springs*

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.