

No. 2
4-13-40
-17-39
K 23159

Registration District No. 317

Primary Registration District No. 4192

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Republic
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Andrew David King

3. (b) ~~Married~~ name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Dec 27 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 29 - If less than one day _____ hr. _____ min.

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

10. Usual occupation Bricklayer + Plumber

11. Industry or business _____

12. Name Julius King

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

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Wattie King

(b) Address Republic Mo.

17. (a) Burial (b) Date thereof Dec 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem.

18. (a) Signature of funeral director R. E. Thurman
(b) Address Republic Mo.

19. (a) Dec 5 (b) Mrs. Bertha Nance
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Republic 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1940 hour 10:30 minute _____ / M.

21. I hereby certify that I attended the deceased from Jan 1 1938 to Dec 27 1940, that I last saw him alive on Dec 2 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2yr

Due to _____
Due to _____

Other conditions: (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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 E. M. Le. Knight (M. D. or other) _____
Address Republic Mo. Date signed 2/4-40

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

9
3
0

RECEIVED

Greene County Health Office,

County File Number 41-1-13

Date Filed 1/20/47

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.....

Licensed Embalmer No. 500

P. O. Address Republica 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.