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K23159

**FILED** FEB 17 1941

Registration District No. 895

Primary Registration District No. 5551A

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 3 mi a bar (cup) Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 1 day  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson <sup>48</sup>

(c) City or town Blue Springs Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Baby King

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 6 - 1941  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 7  
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from BIRTH,  
FEB. 6, 1941, to FEB. 7, 1941;  
that I last saw him alive on FEB. 7, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death PREMATURITY

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Cartier King

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

14. Maiden name Mammoth Lobe

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

16. (a) Informant Cartier King

(b) Address Blue Springs Mo

17. (a) burial (b) Date thereof Feb 8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director R. B. [unclear]

(b) Address Blue Springs Mo

19. (a) 2-10-41 (b) Mrs. Kathleen Lobe  
(Date received local registrar) (Registrar's signature)

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? 362  
(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. E. Avery (M. D. or other) D.O.  
Address Blue Springs Mo Date signed 2/7/41

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

MOTHER: FATHER:

**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. *2352*

P. O. Address..... *Blue Springs*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above:**