

No. 2  
13-40  
17-39  
X23159

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 56

30  
6  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1311 East 3rd.  
(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

3. (a) PRINT FULL NAME Charles Forest King

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 22 1902  
(Month) (Day) (Year)

8. AGE: Years 38 Months 8 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pettis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Not Employed

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

12. Name Charles W. King

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

14. Maiden name Anna Belle Shepherd

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

16. (a) Informant Chas. W. King

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Feb. 7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamonte, Mo.

18. (a) Signature of funeral director Gillespie Funeral Home  
Sedalia, Mo.

(b) Address \_\_\_\_\_

19. (a) 2-6-41 (b) Miss Harry Sneed  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1311 East 3rd St.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5  
year 1941 hour 8:30 minute 0 M.

21. I hereby certify that I attended the deceased from Feb. 3, 1941, to Feb. 5, 1941;  
that I last saw him alive on Feb. 4, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis pneumoniae  
Duration 4 days

Due to Attack of Influenza

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

Other conditions None  
(Include pregnancy within 3 months of death)

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

Of 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?  
NO  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Wm. Whisler (M. D. or other) MD

Address Sedalia Mo Date signed 2-6-41

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

**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.....

*Geo. Dickard*

Licensed Embalmer No..... 3868

P. O. Address..... Sedalia

**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.**