DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
CD MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6786 7

Registration District No. 1109 Primary Registration District No. 5333 Registrar's No.

1. PLACE OF DEATH:

(a) County Dade Co. Sac Twsp.

(b) City or town Greenfield, Mo. Rural.
(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 years, months or days)
In this community Many years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town Greenfield, Mo. Sac Twsp.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida Cordelia King.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem.

5. Color or race White

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

6. (b) Name of husband or wife husband
Sid. D. King

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

7. Birth date of deceased Oct. (Month) 18 (Day) 1862. (Year)

8. AGE: Years 78 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Centerville, / Iowa.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

MOTHER FATHER

12. Name James F. Mansfield.

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

14. Maiden name Adeline Wise

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

16. (a) Informant's own signature Ray King

(b) Address Greenfield, Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30, 41 (Month) (Day) (Year)

(c) Place: burial or cremation Fullington Cem.

18. (a) Signature of funeral director J. W. Ward

(b) Address Greenfield Mo.

19. (a) Feb 12 1941 (Date received local registrar) (b) Alma Toler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29 year 1941 hour 10 minute 5 A. M.

21. I hereby certify that I attended the deceased from April 1, 1940, to Jan 29, 1941, that I last saw him alive on Jan 29, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
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? (Specify type of place)

(e) While at work? (e) Means of injury

23. Signature H. O. Cowan (M. D. or other)

Address Greenfield Mo Date signed 2-4-41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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Cowan

RECEIVED
District Health Officer No.
District File Number 341-423
Date Filed MAR 11 1941

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 J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield 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, above space should be left blank.