S. No. 2
—1-4-41
. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9649

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 1058

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

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution: 1 week
In this community: About 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No. 5126 Indiana
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: John King

3. (b) If veteran, name war: –

3. (c) Social Security No.: –

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Jennie King

6. (c) Age of husband or wife if alive: 85 years

7. Birth date of deceased: Dec. 22, 1856 (Month) (Day) (Year)

8. AGE: Years 84 | Months 2 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace: – (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Retired Machinist

11. Industry or business: K. C. Public Service Co

FATHER
12. Name: David King
13. Birthplace: – (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: Don't Know
15. Birthplace: – (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Roy King
(b) Address: 4146 Chestnut

17. (a) Memorial Park (Burial, cremation, or removal) Date thereof: 3-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director: R. V. Lindsey & Sons
(b) Address: 3811 Broadway

19. (a) Mch 14, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 13th
year: 1941 hour: 5:15 PM minute: ..... M.

21. I hereby certify that I attended the deceased from March 2, 1941, to March 13, 1941, that I last saw him alive on Mch 13, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Frac. 3rd Cervical Vertebra	10 days
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)~~: Fell over Chair
(b) Date of occurrence: March 3 1941
(c) Where did injury occur? Kansas City, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home
(Specify type of place)
While at work? ..... (e) Means of injury: Fall

23. Signature: J. Donald Dow M.D. (M.D. or other)
Address: 615 Argyle Date signed: 3/14/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. C. Donaldson
Vi 3124
8530

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.....

P. O. Address.....

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

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