

12-2  
17-39  
X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11458

Registration District No. 971 Primary Registration District No. 4-5-7-8-5 17970 State File No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Morgan  
(b) City or town "Rural" Mill Creek  
(c) Name of hospital or institution: None  
(d) Length of stay: In hospital or institution None  
In this community Most of life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Morgan  
(c) City or town Syracuse ("Rural")  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? Native years.

3. (a) PRINT FULL NAME William Nelson King  
3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month March day 29th year 1940 hour 1 minute 30 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Nannie King 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased December 19th, 1849

21. I hereby certify that I attended the deceased from 2-10-41 to 3-29-41 19\_\_\_\_; that I last saw him alive on 3-29-41 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
91 3 10 hr. \_\_\_\_\_ min.

Immediate cause of death myocardial failure acute  
Due to arterial hypertension chr.  
Due to arteriosclerosis chr.

9. Birthplace Moniteau County Missouri  
10. Usual occupation Carpenter (retired)  
11. Industry or business \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Wesley King  
13. Birthplace Kentucky  
14. Maiden name Celia Davis  
15. Birthplace Kentucky

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 535

16. (a) Informant A. A. King  
(b) Address Otterville Mo.  
17. (a) Removal (b) Date thereof 3/30/1940  
(c) Place: burial or cremation Antioch Cemetery  
18. (a) Signature of funeral director James E. Richards  
(b) Address Antioch Mo.  
19. (a) 4/1/41 (b) James E. Cordery

23. Signature James E. Richards (M. D. or other) \_\_\_\_\_  
Address Antioch Mo. Date signed 3-29-41

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

RECEIVED

District Health Officer No. 7,

District File Number 4-41-649

Date Filed 4-8-41

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Jessie E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Jupton, 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.**