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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 21 1948

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14635

Registration District No. 329

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH

(a) County Greene

(b) City or town Prentiss MO  
(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 1 (Specify whether years, months or days)

In this community 1 years, months or days

3. (a) PRINT FULL NAME Loretta Anne King

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

3. (c) Social Security No. None

4. Sex Female

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 Jan 3 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 17 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Prentiss MO (City, town, or county) 0 (State or foreign country)

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

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

12. Name Howard King

13. Birthplace MO (City, town, or county) 0 (State or foreign country)

14. Maiden name Doris Laysan

15. Birthplace MO (City, town, or county) 0 (State or foreign country)

16. (a) Informant Howard King

(b) Address 1710 Lulu

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-21-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Edenburg MO

18. (a) Signature of funeral director Edward J. King

(b) Address Prentiss MO

19. (a) 1-21-48 (Date received local registrar) (b) Dave D. Fair (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1710 Lulu  
0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1948 hour 6 Pm minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 1 1948  
to Jan 20 1948  
that I last saw him alive on Jan 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 1 week

Due to Do not know

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

Other conditions (Include pregnancy within 3 months of death) 107

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? \_\_\_\_\_

300 (Specify type of place) While at work? (b) Means of injury

23. Signature Edward J. King (M. D. or other) MD  
Address Prentiss MO Date signed Jan 21 1948

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

**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 \_\_\_\_\_

*not embalmed*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Richard H. Poole*

Licensed Embalmer No. \_\_\_\_\_

*3109*

P. O. Address \_\_\_\_\_

*Brenton Md*

**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.**