S. No. 2
I—1-4-41
. 5-17-39
P I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17521

Registration District No. 163 Primary Registration District No. 40951 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Cedar

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town El Dorado Springs (If outside city or town limits, write "RURAL")

(d) Street No. 109 W. Lafayette St (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM B KING

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 21 (Day) 1855 (Year)

8. AGE: Years 85 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Boone (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Merchant (Retired

11. Industry or business

FATHER
12. Name George King
13. Birthplace Boone (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Permelia Hubbard
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Buford King

(b) Address 112 W. Lafayette El Dorado Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-1941 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetry

18. (a) Signature of funeral director Gwinn-Siders

(b) Address El Dorado Springs Mo

19. (a) 5-28-41 (Date received local registrar) (b) J W Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 24 May, 1941 to May 27, 1941; that I last saw him alive on May 27, 1941; and that death occurred on the date and hour stated above. 11 P.M.

Immediate cause of death Heart Insufficiency

Due to chronic nephritis Indurated Hip and Shoulder

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration

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) accident

(b) Date of occurrence May 24-1941

(c) Where did injury occur? El Dorado Sp (City or town) Cedar (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature R Alvin Ford (M. D. or other)

Address El Dorado Sp Date signed 5/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,

RECEIVED
District Health Officer No. 7,
District File Number 6-41-938
Date Filed 6-9-41

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 ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed M D Livingston

Licensed Embalmer No. 2034

P. O. Address Eldorado Springs 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.