

No. 2
-13-40
-17-39
I X23

JAN 25 1941

Registration District No. 183

Primary Registration District No. 6264

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Rural Porter
(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 _____)

In this community, 14 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

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

(d) Street No. Nixa, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Walter Lee King.

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lola King 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug. 4, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James P. King

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

14. Maiden name Emma Logan
(City, town, or county) (State or foreign country)

15. Birthplace Rolla, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John E. King

(b) Address Little Rock, Ark.

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

(c) Place: burial or cremation East Lawn cem. Springfield

18. (a) Signature of funeral director J. W. Maples
(b) Address Clever, Mo.

19. (a) Jan. 4, 1941 (b) Ida B. Hawkins
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd
year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 17
1940 to Jan. 3, 1941;

that I last saw him alive on Dec. 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Terminal Bronchial
Pneumonia.

Due to Fracture of Brain.
Rigid neck.

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) _____

(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? _____

While at work? _____ (Specify type of place)

23. Signature Ronald F. Elkins (M. D. Elkins)
Address Springfield Mo. Date signed 1-5-41

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

RECEIVED

District Health Officer No. 6,

District File Number ~~141-2220~~ 121

Date Filed JAN 14 1947

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. Moxley

Licensed Embalmer No. 2985

P. O. Address Clever - 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.