

Registration District No. 566

Primary Registration District No. 5762

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Tywappity Township (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9 miles southeast of Charleston.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Tywappity Township (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 9 miles Southeast of Charleston.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME George King

(b) If veteran, name war X X X (c) Social Security' No. X X X

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Burnise King 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased October 3 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 27 If less than one day hr. _____ min.

9. Birthplace Grays County Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Alexander King

13. Birthplace Don't Know Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Callie Corrol

15. Birthplace Don't Know Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Willis King

(b) Address R#1, Charleston, Missouri

17. (a) Burial (b) Date thereof May 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Lair-Nunnelee Funeral
(b) Address Charleston, Mo. Service

19. (a) 5-3-41 (b) F. D. Varner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1941 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from Apr. 26,
1941, 1941, to Apr. 30, 1941;
that I last saw him alive on Apr. 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic coma Duration 3 days

Due to Chronic nephritis and nephritis

Due to hypertension

Other conditions 12/10
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 745

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Willard Davis (M. D. or other) 13/28

Address Charleston Mo Date signed Mo

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

MOTHER FATHER

RECEIVED

District Health Department

District File Number 641-6

Date Filed 6/2/41

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 E. E. Quinlee

Licensed Embalmer No. 4164

P. O. Address Charleston, 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, above space should be left blank.