

FILLED AUG 13 1941

Registration District No. _____

Primary Registration District No. 5180

Registrar's No. 13

1. PLACE OF DEATH: Cape Girardeau
 (a) County
 (b) City or town Neely Landing
 (c) Name of hospital or institution: Died on way to Hospital
 (d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 016
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Neely Landing
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Robert Lee King
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 18th
 year 1941 hour 80 minute 50 P.
 21. I hereby certify that I attended the deceased from July 18th 1941, to July 18th 1941; that I last saw him alive on July 18th 1941 and that death occurred on the date and hour stated above.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: July 18th 1941 (Month) (Day) (Year)

Immediate cause of death: Congenital Heart Disease
 Due to Prematurity
 Duration 15 1/2 h
 Other conditions: Bilateral Hare-lip
 (Include pregnancy within 3 months of death)

8. AGE: Years No Months No Days No If less than one day 7 hr. 10 min.
 9. Birthplace: Neely Landing, Missouri (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Woodrow Wilson King
 13. Birthplace Neely Landing, Missouri (City, town, or county) (State or foreign country)
 14. Maiden name Irene Matted Brown
 15. Birthplace Neely Landing, Missouri (City, town, or county) (State or foreign country)
 16. (a) Informant's own signature Woodrow W. King
 (b) Address Neely Landing, Mo
 17. (a) Burial (b) Date thereof 7-19-41 (Month) (Day) (Year)
 (c) Place: burial or cremation Neely Landing, Mo
 18. (a) Signature of funeral director M. G. Schorn
 (b) Address Jackson, Mo
 19. (a) Date received local registrar July 19-41 (b) M. G. Schorn (Registrar's signature)

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? Theodore Fischer (Specify type of place) (e) Means of injury
 23. Signature M. D. Schorn (M. D. or other)
 Address Altenburg, Mo Date signed 7/18/41

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

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *Lynna Steele*.....
Licensed Embalmer No. *2476*.....
P. O. Address *Jackson 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.