

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

W. Penion
State File No. 35684
Registrar's No. 107

Registration District No. 667

Primary Registration District No. 4388

1. PLACE OF DEATH
(a) County Remiscot
(b) City or town Cauthersville, Tenn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 15 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Remiscot
(c) City or town Cauthersville
(If outside city or town limits, write "RURAL")
(d) Street No. Bushy, Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 14 - 1941 to Oct. 14 - 1941;
that I last saw him alive on Oct. 14 - 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Duration 15 min.

8. AGE: Years 75 Months 11 Days 0 If less than one day hr. min.
9. Birthplace Hardin County Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer

11. Industry or business _____
12. Name Thomas King
13. Birthplace Hardin Co Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Janie Harris
15. Birthplace Wayne Co. Tenn. (City, town, or county) (State or foreign country)

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) (e) Means of injury 0

23. Signature J. R. Penion (M. D. or other)
Address Cauthersville, Mo. Date signed 10-14-41

3. (a) PRINT FULL NAME THOMAS ANDREW 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 Janie Harris King 6. (c) Age of husband or wife if alive 67 years

6. Birth date of deceased Nov. 14, 1865 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Hardin County Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Thomas King

13. Birthplace Hardin Co Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Janie Harris

15. Birthplace Wayne Co. Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Janie King

(b) Address Cauthersville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. J. Smith
(b) Address Cauthersville, Mo
19. (a) Oct. 18, 1941 (Date received local registrar) (b) Oda Martin (Registrar's signature)

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

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1
2

11-41-17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by Body was not embalmed, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.