

0. 2  
4-41  
17-39

X25390

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37580

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4375

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11-17-41-11-23-41  
(Specify whether years, months or days) 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 561 Harrison  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HAMPTON KING

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

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

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

7. Birth date of deceased April 24 1887  
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 29 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business Henry King

MOTHER FATHER { 12. Name Deceased Henry King  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Deceased Cora  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 11/26/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Starkins Bros  
(b) Address 1729 Lydia

19. (a) 11-26-41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23  
year 1941 hour 3 minute 20 a. m.

21. I hereby certify that I attended the deceased from November 17 1941 to November 23 1941,  
that I last saw him alive on November 23 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Empyema of Chest (right)  
Duration \_\_\_\_\_

Due to Lobar Pneumonia with Toxemia

Due to \_\_\_\_\_  
100

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature J. A. Shivers (M. D. or other) \_\_\_\_\_  
Address 100 E. 2nd Date signed 11-24-41

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*J. Manlove*

Licensed Embalmer No. ....

*3994*

P. O. Address.....

*2503 Highlan*

**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.**