

FILED DEC 12 1941

Registration District No. 155

Primary Registration District No. 5872

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Peru Missouri

(b) City or town Stulems R 2

(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Peru

(c) City or town Stulems R 2

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Jimmie Verdell King

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1941 hour 3 minute P

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; 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 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

Immediate cause of death crankshaft

The child lived about seven hours.

7. Birth date of deceased 11-7-1941

(Month) (Day) (Year)

Due to may have been imperfect development of lungs

Due to lungs

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

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Stulems R 2

(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

1600

10. Usual occupation _____

11. Industry or business _____

12. Name Employed King

13. Birthplace Peru Mo

(City, town, or county) (State or foreign country)

14. Maiden name Verdell King

15. Birthplace Peru Mo

(City, town, or county) (State or foreign country)

16. (a) Informant Emmanuel King

(b) Address Stulems R 2

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director Carroll Smith

(b) Address Carroll Smith Mo

19. (a) Dec. 6-1941 (b) J. L. Robinson

(Date received local registrar) (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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. B. Daniel (M. D. or other) 0

Address Stulems Mo Date signed 11-6-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

12-41-30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ ^{not embalmed} by me, or by

..... Registered Apprentice No. ³⁹⁰⁰

working under my personal supervision.

Signed

³⁹⁰⁰
..... Licensed Embalmer No.

³⁹⁰⁰
..... 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.