

U. S. No. 2
DM-1-4-41
Rev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42000

State File No. _____

FILED JAN 20 1942

Registration District No. 370

Primary Registration District No. 4219

Registrar's No. _____

1. PLACE OF DEATH:

(a) County HOLT

(b) City or town OREGON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Oregon mo 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Holt

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

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

(e) Citizen of foreign country? X no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ORA ALPHARETTA KING

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife JOHN W. KING

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

7. Birth date of deceased Sept 22 1960
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>2</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Ugaring Illinois Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name William Bacon

13. Birthplace PENN Penn
(City, town, or county) (State or foreign country)

14. Maiden name Imprence Ann Bowman

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie J. Maxiner

(b) Address Oregon MO

17. (a) Oregon (b) Date thereof Dec 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cem.

18. (a) Signature of funeral director J. Fred Turbin

(b) Address Sumner, Mo

19. (a) Dec 4 1941 (b) J. Fred Turbin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 1 1935 to Dec 11 1941
that I last saw her alive on Dec 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to _____

Due to _____

Other conditions 43a
(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? no injury
(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 _____

23. Signature E. J. Maxiner (M. D. or other) _____

Address Oregon MO Date signed 12-19-41

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

44
0
0

1
22
4

334

(Licensed Embalmer's Statement on Reverse Side)

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..... *J. Fred Terhune*.....
Licensed Embalmer No. *1278*.....
P. O. Address. *Savannah Ga*.....

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.