

No. 2
-4-41
17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43128

JAN 8 1942 801

State File No. _____

Registration District No. 801

Primary Registration District No. 6044

Registrar's No. 56

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town RURAL SALT POND TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 NORTH EAST of S.S.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SALINE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3 MI. N.E. S.S. SALT POND TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1941 hour 2 minute 20 P. M.
21. I hereby certify that I attended the deceased from Oct 1,
1941, to Oct 18, 1941;
that I last saw her alive on Oct 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Leukemia Duration About 2 mo
mia

Due to _____
Due to 14a
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME CIARE MARGARETTE KING
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MAIDEN

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 8 - 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 _____ hr. min.

9. Birthplace SALINE Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business FARMING

12. Name GEO. W. KING

13. Birthplace HUMANSVILLE, Mo
(City, town, or county) (State or foreign country)

14. Maiden name MARY F. KING

15. Birthplace SWEET SPRINGS, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Louis King

(b) Address Sweet Springs, Mo

17. (a) BURIAL (b) Date thereof 10-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CEMETERY

18. (a) Signature of funeral director R.P. Carter

(b) Address Sweet Springs, Mo

19. (a) 10/19/41 (b) R.P. Jones
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A.T. Ringen (M. D. or other) _____
Address Sweet Springs, Mo Date signed 10-19-41

980

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

7
0
0

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-7-42.....

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.....
NOT EMBALMED
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

R. C. Carter

Licensed Embalmer No. *3513*

P. O. Address *West Long St*

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.