DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3754

Registration District No. FILED FEB 16 1942 6

Primary Registration District No. 3038

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Saline City

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

(c) Name of hospital or institution:
Putnam Hospital 0
(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: 97

(a) State Missouri (b) County Saline

(c) City or town Marshall Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Kenneth Dale King

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

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

7. Birth date of deceased Jan. (Month) 12 (Day) 1942 (Year)

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

9. Birthplace Marshall, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business " "

FATHER
12. Name George David King
13. Birthplace Hermitage (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Dimple Irene Cunningham
15. Birthplace Fairfield (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant George David King
(b) Address Marshall, Mo.

17. (a) Burial Hill Cem (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 12 (Day) 1942 (Year)
(c) Place: burial or cremation Sunset Hill Cemetery

18. (a) Signature of funeral director J. Leslie Surrey
(b) Address Marshall Mo.

19. (a) 1-10-42 (Date received local registrar) (b) Mary Kent Dep (Registrar's signature)

712

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1942 hour 11 minute 20 A M.

21. I hereby certify that I attended the deceased from Jan 12 730 AM, 1942 to Jan 12 1120 AM 1942
that I last saw him alive on Jan 12, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Injuries sustained in childbirth High Forceps Delivery. ✓	
Due to	
Due to	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury ✓

23. Signature Richard T. Nuckles (M. D. or other) D.O.
Address Marshall, Mo Date signed 1/12/42.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number----------
Date Filed 2-13-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. Leslie Sussney
Licensed Embalmer No. 3235
P. O. Address Marshall Mo.

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.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3754

Registration District No. 794 Primary Registration District No. 3038 Registrar's No.

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Marshall

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

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Kenneth L. King

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Jan (Month) 12 (Day) 1942 (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 12 year 1942 hour 10 30 minute A M.

21. I hereby certify that I attended the deceased from Jan 12 1942 7:15 AM to Jan 12 1942 10:30 AM that I last saw him alive on Jan 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Head Injury — Duration

High Forcep delivery

Due to Lived 4 hrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 100C

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature Richard T. Nuckles (M. D. or other) DO

Address Marshall, Mo Date signed 3/6/42

SUPPLEMENTARY