

FILED APR 3 1942

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
400 Lake Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify which)
In this community 76 years in Harrisonville
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Harrisonville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 400 Lake Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 30
year 1942 hour 15 P minute _____ M.

21. I hereby certify that I attended the deceased from Mar 15 1942 to Mar 30 1942
that I last saw him alive on March 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Organic Heart Disease
& Chronic Nephritis

Other conditions (Include pregnancy within 5 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 J. D. Scott (M. D. or _____)

Address Harrisonville Mo Date signed 3/31/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINTED FULL NAME James Cicero King

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased: Feb 20 1852
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Wilmington, Green Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name John H. King

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

14. Maiden name Nancy Jones

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

16. (a) Informant Lora B. King

(b) Address 400 Lake Ave Harrisonville

17. (a) Burial (b) Date thereof Apr 1 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address Harrisonville Mo

19. (a) March 31, 1942 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

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.

Not embalmed

Signed *Floyd Atkinson*

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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, above space should be left blank.