

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11101

State File No.

FILED APR 22 1942 3
Registration District No.

Primary Registration District No. 5578

Registrar's No. 8

50000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County. JEFFERSON
(b) City or town. RURAL ROCKI...
(c) Name of hospital or institution: NEAR BECK MO
(d) Length of stay: In hospital or institution. 1
In this community. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State. MO (b) County. JEFFERSON
(c) City or town. RURAL 050
(d) Street No. NEAR BECK MO
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME. FRANK W. KING
3. (b) If veteran, name war. --- (c) Social Security No. ---

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAR day 3
year 1942 hour ABOUT 5:45 minute A.M.

4. Sex. M 5. Color or race. W 6. (a) Single, widowed, married, divorced. SINGLE
6. (b) Name of husband or wife. --- 6. (c) Age of husband or wife if alive. --- years
7. Birth date of deceased. MARCH 30, 1882
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
59 11 3 hr. min.

Immediate cause of death. Verdict of jury Inquest held 2/2/42-10:30
Due to Cause to his death by Coronary thrombosis (probable cause)
Other conditions. (Include pregnancy within 3 months of death)

9. Birthplace. EFFINGHAM ILL. A (City, town, or county) (State or foreign country)
10. Usual occupation. LABORER

Major findings: Of operations. 94 a
Of autopsy. ---
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business. ---
12. Name. GEORGE W. KING
13. Birthplace. OHIO I (City, town, or county) (State or foreign country)
14. Maiden name. ROSE CHATHAM
15. Birthplace. VIRGINIA I (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs P. McBrady
(b) Address. 1613 DOLMAN ST. LOUIS MO

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?

17. (a) BURIAL - (b) Date thereof. MAR 5 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. NEW ST. MARCUS CEM.
18. (a) Signature of funeral director. Mc LAUGHIN FUN HOME
(b) Address. ST. LOUIS MO
19. (a) Mar 3: 42 (b) Phil J. Kirk
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury. 9
23. Signature. J. P. Plummer - Justice of the Peace
Address. Kennett Mo Date signed. 3/3/42

117 11 111554

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..... *Arthur W. Kibbey*

Licensed Embalmer No. *3872*

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.