

FILED MAY 14, 1942

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Eddy Convalescent Home; 300 Benton Blvd 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Months
(Specify whether years, months or days)

In this community Since 1888 (53) Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Eddy Convalescent Home; 300 Benton Blvd
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mr. Robert Emmet King

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Adah H. King

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 11 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 21
If less than one day hr. min.

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

10. Usual occupation City Engineering Dep't (Retired)

11. Industry or business City Hall

12. Name Willis P. King

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

14. Maiden name Albina Hoss

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

16. (a) Informant Mrs. Albert King
(b) Address Hyattsville 36 W. Broadway

17. (a) Burial (b) Date thereof May 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director A. J. McQuinn

(b) Address 1401 Brush Creek Blvd.

19. (a) May 4, 1942 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 13-41 1941 to May 2 1942
that I last saw him alive on May 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 10 min.

Due to Arteriosclerosis

Due to Hypertension 94a

Other conditions Hypertension several years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

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) _____

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 0

23. Signature J. W. Brantley M.D. (M. D. or other) _____
Address 3106 Broadway, N. C. Mo. Date signed 5/2-42

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

MOTHER FATHER

W. Krauerholz
3706 Broadway
1-5

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.....

W. Krauerholz

Licensed Embalmer No.....

3965

P. O. Address.....

R. C. 770

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.