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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 25 1942

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 185

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Ct.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 82

(a) State Missouri (b) County Butler 0

(c) City or town Qulin, Mo., Route 1
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME WALKER 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 Single 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased 12 (Month) 9 (Day) 1899 (Year)

8. AGE: Years 42 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Hollowood, Dunklin Co., Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name James W. King
13. Birthplace Cole County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Ann Elliott
15. Birthplace Stoddard Co., Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant James E. King

(b) Address St. Louis, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 13, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Lulu Cemetery, below Senath

18. (a) Signature of funeral director FRANK MORTUARY

(b) Address 412 Vine St., Poplar Bluff, Mo.

19. (a) 6/12/42 (Date received local registrar) (b) Belle Kinnie (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1942 hour 8 minute 20p M.

21. I hereby certify that I attended the deceased from June 5, 1942 to June 10, 1942
that I last saw him alive on June 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hemorrhage

Due to Laceration of Trachea

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Tracheotomy
Emphysema of Cervical tissues
~~Of autopsy~~

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1860
18

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide, or homicide (specify)~~ accident 0 12

(b) Date of occurrence June 5, 1942

(c) Where did injury occur? Qulin, Butler, Mo.
(City or town) (County) (State)

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

While at work? yes (e) Means of injury fell on stubble

23. Signature C. A. Porter (M. D. or other) 0

Address Poplar Bluff Date signed 6-12-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 642-806
Date Filed JUN 23 1942

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 Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St., Poplar Bluff,

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.