DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20891

State File No.

FILED JUL 6 1942

Registration District No. 1451

Primary Registration District No. 4085

Registrar's No. 95

1. PLACE OF DEATH:

(a) County CASS.

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

(c) Name of hospital or institution:
Not in any hospital. At Home./
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply.
(Specify whether years, months or days)

In this community 15 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass. 19

(c) City or town Drexel. 0
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ALLETTA KING.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female. / 5. Color or race White

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

6. (b) Name of husband or wife Peter T. King.

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

7. Birth date of deceased December, 19, 1868.
(Month) (Day) (Year)

8. AGE: Years 73 | Months 6 | Days 3 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Household Duties.

11. Industry or business At Home.

FATHER
12. Name John McManus.
13. Birthplace ___ (City, town, or county) Ohio. / (State or foreign country)

MOTHER
14. Maiden name Nell Spiers
15. Birthplace ___ (City, town, or county) Ohio. / (State or foreign country)

16. (a) Informant's own signature W. M. Clark
(b) Address Drexel, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6/23/42. (Month) (Day) (Year)
(c) Place: burial or cremation Belton Cemetery.

18. (a) Signature of funeral director [signature]
(b) Address Drexel, Mo.

19. (a) 6/23/42. (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June. day 22
year 1942 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 20, 1942, to June 22, 1942;
that I last saw her alive on June 22, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Phosphorus Poisoning (Rat Paste) — Duration 3 days

Due to

Due to

179A

Other conditions Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)
c Mental Deterioration

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) Accidental
(b) Date of occurrence June 19. 1941.
(c) Where did injury occur? (City or town) (County) (State) 019
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home.
(Specify type of place)
While at work? (e) Means of injury

23. Signature Basil A Hartwell (M. D. ~~or Coroner~~)
Address Drexel, Mo. Date signed 6/23/42

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(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed [redacted]

[redacted]

[redacted].

Signed [signature]

Licensed Embalmer No. 1950

P. O. Address Drexel, 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, above space should be left blank.