

FILED AUG 10 1942

Registration District No. 2-3-0 620 Primary Registration District No. 43-755822 Registrar's No. 13

1. PLACE OF DEATH

(a) County Madawaska
(b) City or town Conception Jct MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Conception Jct MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution (Specify whether
In this community 66 years
years, months or days)

3. (a) PRINT FULL NAME L. E. O. KING JR

3. (b) If veteran, name war MO 3. (c) Social Security No. 910

4. Sex M 5. Color or race W 6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 9-26-1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Conception MO
(City, town, or county) (State or foreign country)

10. Usual occupation Marketing & Business

11. Industry or business

12. Name Wm King
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Stout Know
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lena King
(b) Address Conception Jct MO

17. (a) Burial (b) Date of 7 5 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conception MO

18. (a) Signature of funeral director Wm Schlick

(b) Address Conception Jct MO

19. (a) 7-4-42 (b) W. A. Barnett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madawaska
(c) City or town Conception Jct MO
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3
year 1942 hour 0 minute 9 M.

21. I hereby certify that I attended the deceased from June 1937
1937, to July 3, 1942.
that I last saw him alive on July 2 1942, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Chronic rheumatic endocarditis 20 yrs

Due to Myocardial degeneration 6 mos

Other conditions (Include pregnancy within 3 months of death) 92c

Major findings: Of operations 0 Of autopsy 0
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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? 0 (e) Means of injury 0

23. Signature W. A. Barnett (M. D. or other) _____
Address Maryville MO Date signed 7-3-42

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

74
0
0

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.....

Jayton Phillips

Licensed Embalmer No.

18198

P. O. Address.....

Stamberg Md

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.