

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 934 W. ELM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 934 W. ELM
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LAWRENCE LEO KING.

3. (b) If veteran, name war NONE 3. (c) Social Security No. 268-10-8786

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RUBY KING 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased SEP. 20 - 1897
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 19 If less than one day hr. min.

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

10. Usual occupation BARTENDER

11. Industry or business RESTAURANT

12. Name BUCK KING.

13. Birthplace Unknown UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name MARYHA (UNKNOWN)

15. Birthplace Unknown UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruby King

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem

18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address SPRINGFIELD MO.

19. (a) 2-12-43 (b) D. F. Youell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9th year 1943 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from JANUARY 25 - 1943 to Feb 9th 1943; that I last saw him alive on FEBRUARY 8th 1943; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY (HEART Disease)

Due to ARTERIOSCLEROSIS

Due to _____

Other conditions 9/4a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature D. F. Youell (M.D. or other) D.O.
Address 2345 - E Commercial Date signed 3/10/43

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

39
62
6

39
9
6

27

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 *J. D. Klingner*

Licensed Embalmer No. *3358*

P. O. Address *Springfield, 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, fact should be so stated above.

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