No. 1-4-41 17-39 X26390

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 333 | Primary Registration District No. 3099 | Registrar's No.

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 107 N. Handy St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 4 mos.

2. USUAL RESIDENCE OF DECEASED: 100
(a) State Missouri (b) County Scott 5
(c) City or town Sikeston 2
(If outside city or town limits, write "RURAL")
(d) Street No. 107 N. Handy (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Raymond Lee King
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 8, (Day) 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
0	4	12	hr. min.

9. Birthplace Sikeston, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER 12. Name Virgil King
13. Birthplace Zalma, (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name Novella McElreath
15. Birthplace Malden (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Virgil King
(b) Address Sikeston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/ 21/43 (Month) (Day) (Year)
(c) Place: burial or cremation Miner Switch, Mo.
18. (a) Signature of funeral director John Albritton
(b) Address Sikeston, Missouri
19. (a) 2-21-43 (Date received local registrar) (b) Lane Sargent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1943 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 2-14 19 43 to 2-18 19 43 that I last saw h~~im~~ alive on 2-18 19 43; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 109.1	

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature D. Albritton (M. D. or other)
Address Sikeston Mo Date signed 2-20-43

1318

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 343-266
Date Filed 8-3-43

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 John Allison

Licensed Embalmer No. 2941

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.