

FILED JAN 8 1943

Registration District No. 365

Primary Registration District No. 10240

Registrar's No. 9

1. PLACE OF DEATH: WASHINGTON
 (a) County: WASHINGTON
 (b) City or town: PALMER RURAL
 (c) Name of hospital or institution: Hammond's
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____ (Specify whether)
 In this community: 74 YRS. years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State: MISSOURI (b) County: WASHINGTON
 (c) City or town: PALMER RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 2 N. NORTH
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.: _____ years.

8. (a) PRINT FULL NAME: JOHN T. KING
 3. (b) If veteran, name war: _____ 3. (c) Social Security No.: NONE

4. Sex: MALE 5. Color or face: WHITE 6. (a) Single, widowed, married, divorced: MARRIED
 6. (b) Name of husband or wife: NANCY ANN KING 6. (c) Age of husband or wife if alive: 72 years
 7. Birth date of deceased: FEB. 10 1867
 (Month) (Day) (Year)

8. AGE: Years: 74 Months: 11 Days: 1 If less than one day: _____ hr. _____ min.

9. Birthplace: PALMER Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation: LABORER

MOTHER FATHER
 11. Industry or business: _____
 12. Name: WASH KING
 13. Birthplace: _____ Mo. 0
 (City, town, or county) (State or foreign country)
 14. Maiden name: UNKNOWN
 15. Birthplace: _____ Mo. 9
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: FRANK KING
 (b) Address: PALMER Mo.

17. (a) ISURIAL (b) Date thereof: 1-12-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: PALMER Mo.

18. (a) Signature of funeral director: Ray of Funeral Home
 (b) Address: POTOSI Mo.

19. (a) Feb 10 43 (b) Edna White
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JAN day 11 -
 year 1943 hour 10 - minute PM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to _____
 Due to _____
 Other conditions: _____
 (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? Palmer Washington Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? _____ (Specify type of place) (e) Means of injury: _____
 23. Signature: Edna White (M.D. or other) _____
 Address: Potosi Mo. Date signed: 1-12-43

Duration _____
 Underline the cause to which death should be charged statistically.

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.

District Health Officer No. 4
District File Number 343-187
Date Filed 3-6-43

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 _____

Licensed Embalmer No. 4158

P. O. Address Potosi, 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.