

FILED APR 8 1942

Registration District No. _____

Primary Registration District No. **5556**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County **Montgomery**
(b) City or town **Mont New, rural**
(c) Name of hospital or institution: **Goldberry Truss**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**
(c) City or town **8 mi. N. of Mt New**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HELSHEL KING**

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

4. Sex **M** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased **Feb 1, 1943**
(Month) (Day) (Year)

8. AGE: Years _____ Months **1** Days _____ If less than one day _____

9. Birthplace **8 mi. N. Mt New Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Willis King**

13. Birthplace **Springfield Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Erstine King**

15. Birthplace **Springfield Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Pruder**

(b) Address **Mt New Mo**

17. (a) **Buried** (b) Date thereof **Mar 2, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oaksides, Cen**

18. (a) Signature of funeral director **No director**

(b) Address _____

19. (a) **Mar 29, 1943** (b) **Ruth Hunt**
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **1** year **43** hour **7** minute **10** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw **her** alive on **2-28**, 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **From appearance of**
marked
Starvation
Due to lack of
hourishment

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **158**
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? _____

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

23. Signature **Dr. J. M. Reed** M. D. or other) _____
Address **Summersville** Date signed _____

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

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

1600

1165

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.....

P. O. Address.....

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.