

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Tate Conv. Home 4 (3231 Prospect)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether)

In this community 15 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1220 Monroe.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Samuel King.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife FRONIE KING

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased FEBRUARY 28 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>15</u>	hr. min.

9. Birthplace BEDFORD TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business

12. Name JAMES H. KING

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

14. Maiden name MARY M FARLAN

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

16. (a) Informant Mrs. Nell Wiley.

(b) Address 1220 Monroe.

17. (a) Burial (b) Date thereof 4/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 4/14/43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1943 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 12
43 to April 13 1943
that I last saw him alive on April 11 1943 1943
and that death occurred on the date and hour stated above

Immediate cause of death Broncho pneumonia
Duration 5 days

Due to Senility

Due to Arteriosclerosis

Other conditions 101
(Include pregnancy within 3 months of death)

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?

While at work? —
(Specify type of place) (c) Means of injury —

23. Signature M. B. Caselmann
(M.D.)

Address 712 Angyle Rd. Co. 411143

Dr. Caschelt,
~~Accepted~~
329 Michigan St.
1:30 P.M.

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.