

S. No. 2
A-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14821

ED MAY 12 1943
Registration District No. 200

Primary Registration District No. 2726

State File No. _____
Registrar's No. 39

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

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Rural Middle Fork
(c) Name of hospital or institution: R.F.D. # 1 Jacksonville
(d) Length of stay: None
In this community 79 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Macon
(c) City or town: Rural
(d) Street No.: R.F.D. # 1 Jacksonville
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: LYDIA ANN KING
(b) If veteran, name war: None
(c) Social Security No.: None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8th
year 1943 hour 8 minute 20 P.M.
21. I hereby certify that I attended the deceased from January
1940, to April 6 1943
that I last saw her alive on April 6 1943
and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: White
6. (a) Single, widowed, married: Divorced Widowed
(b) Name of husband or wife: Zack King
(c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: March-20-1856

Immediate cause of death: Cerebral Hemorrhage 7 days
Due to: Arterial Sclerosis 10 yrs
Due to: Paralysis Agitans 30 yrs

8. AGE: Years Months Days If less than one day
87 0 19 hr. min.

9. Birthplace: West Virginia

10. Usual occupation: Housewife

11. Industry or business:
12. Name: William Marts
13. Birthplace: West Virginia
14. Maiden name: Unknown
15. Birthplace: Unknown

Other conditions: _____
Major findings: 830
Of operations: _____
Of autopsy: _____

16. (a) Informant: James King
(b) Address: R.F.D. # 1 Jacksonville Mo.
17. (a) Burial (b) Date thereof: Apr-10-43
(c) Place: burial or cremation: Salem Cemetery
18. (a) Signature of funeral director: Snow Funeral Home
(b) Address: Exeter, Mo.
19. (a) 4/14/43 (b) Joseph B. Hunkler

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? _____
(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: C. A. Steffen (M. D. or other) _____
Address: Jacksonville Mo. Date signed: April 10, 1943

RECEIVED

District Health Officer No. 10

District File Number 5-43-842

Date Filed MAY 10 1945

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 R. M. Carter

Licensed Embalmer No. H117

P. O. Address Moberly 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.