

Registration District No. 120

Primary Registration District No. 5449

Registrar's No. 54

1. PLACE OF DEATH

(a) County Hentley Jackson Twp  
(b) City or town King City Mo. RR.  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution all of life (Specify whether  
In this community all of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Hentley  
(c) City or town King City Mo. RR. (If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Francis Elmer King

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31  
year 1943 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1942 to May 31 1943  
that I last saw her alive on May 1 1943  
and that death occurred on the date and hour stated above.

4. Sex T 5. Color or race Cauc 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive 23 years  
7. Birth date of deceased July 23 1942 (Month) (Day) (Year)

Immediate cause of death Dilatation Heart  
Whooping Cough

8. AGE: Years Months Days If less than one day  
10 8 hr. min.

Due to Whooping Cough  
Due to 9  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace King City Mo. (City, town, or county) (State or foreign country)

10. Usual occupation mother

11. Industry or business

12. Name Robert E. King

13. Birthplace Hentley Co Mo. (City, town, or county) (State or foreign country)

14. Maiden name Wendell Garton

15. Birthplace Hentley Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Robert E. King

(b) Address King City Mo. RR.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-2-43 (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. G. Gaffert

(b) Address King City Mo.

19. (a) June 4-1943 (Date received local registrar) (b) Francis T. Trefler (Registrar's signature)

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? (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) (e) Means of injury 9

23. Signature E. M. Responde (M. D. or other)  
Address Union Mo Date signed 6-1-43

Duration 2 weeks

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

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

MOTHER FATHER

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**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. G. Taggart

Licensed Embalmer No. 2563

P. O. Address. Kingdley 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.**