

128
FILED JUN 1 1943
Registration District No. **1494**

Primary Registration District No. **5465**

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

1. PLACE OF DEATH: **GREENE**

(a) County **Greene**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **County Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Two Months**
(Specify whether)

In this community **Short time**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield Greene**
(If outside city or town limits, write "RURAL")

(d) Street No. **County Hospital**
(If rural, give location)

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

If yes, name country.

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

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

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **22** years

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

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

Approx. 73 -----

9. Birthplace **Philadelphia Pa.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unknown**

11. Industry or business **Unknown**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **County Records**

(b) Address **County Hospital**

17. (a) **Burial** (b) Date thereof **6-1-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Castlemont**
Prod. C. Thermo

18. (a) Signature of funeral director **Fred C. Thermo**

(b) Address **1100 Boonville St., City**

19. (a) **6-1-43** (b) **W. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29th**
year **1943** hour **Ten** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **March 13**, 19**43**, to **May 29**, 19**43**
that I last saw him alive on **May 29**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis, General**

Due to

Due to

Other conditions **Malnutrition due to not taking food because of arteriosclerosis**
(Exclude pregnancy within 3 months of death)

Major findings: **Arteriosclerosis**

Of operations

Of autopsy **97**

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? **James P. Ames** (Specify type of place) (M. D. or other) **M.D.**

23. Signature **James P. Ames** (M. D. or other) **M.D.**

Address **Springfield, Mo.** Date signed **6-1-43**

Duration

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 3 1948

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..... **Fred C. Thieme**

Licensed Embalmer No..... **2899**

P. O. Address..... **Springfield, Missouri**

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.