S. No. 2
M—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17940

FEB JUN 14 1943

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 1505 East 13th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40 1

(c) City or town Trenton, Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1505 East 13th St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME John R. King

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. 708-14-3605

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maggie

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May (Month) 9 (Day), 1877 (Year)

8. AGE: Years 65 Months 11 Days 26 If less than one day — hr. — min.

9. Birthplace Centerville (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Railroad Engineer

11. Industry or business P R J & P R R

FATHER
12. Name David King
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name Emma L. Anderson
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Mrs John R. King
(b) Address Trenton, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May (Month) 7 (Day), 1943 (Year)
(c) Place: burial or cremation Martin Cemetery, Grundy Cnty, Mo.

18. (a) Signature of funeral director Davis Funeral Service
(b) Address Trenton, Mo.

19. (a) May 5, 1943 (Date received local registrar) (b) L. H. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1943 hour 2:45 minute A M.

21. I hereby certify that I attended the deceased from Jan 4, 1943, to May 5, 1943 that I last saw him alive on May 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Organic Disease of Heart — Duration 8 mos.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95c2

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?
(Specify type of place)

While at work (e) Means of injury 0

23. Signature O. R. Rooks (M. D. ~~or other~~)

Address Trenton Mo. Date signed 5/5/43

1330 (Licensed Embalmer's Statement on Reverse Side)

JUN 29 1943

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.