

FILED JUN 9 1943

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 53

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

1. PLACE OF DEATH:  
 (a) County 7 Harrison  
 (b) City or town Bethany  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Simon P. King  
 3. (b) If veteran, name war   
 3. (c) Social Security No.                     

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mary King  
 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased July 8 1872

8. AGE: Years 70 Months 7 Days 18 If less than one day hr. min.

9. Birthplace 7 Harrison County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Mason

MOTHER FATHER  
 11. Industry or business Marion King  
 12. Place of birth Virginia (City, town, or county) (State or foreign country)  
 13. Maiden name Sarah Hogan  
 14. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Earl King  
 (b) Address Bethany Mo

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof May 28 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Joe E. Wheeler  
 (b) Address Bethany Mo

19. (a) June 2-1943 (b) Zola M. Burris (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County 7 Harrison  
 (c) City or town Bethany (If outside city or town limits, write "RURAL")  
 (d) Street No.                      (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No) If yes, name country                     

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1943 hour 12 minute P M.  
 21. I hereby certify that I attended the deceased from May 25 1943 to May 25 1943 that I last saw him alive on May 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene in foot  
 Due to                       
 Due to                       
 Other conditions (Include pregnancy within 3 months of death) 98.5

PHYSICIAN

Major findings:  
 Of operations                       
 Of autopsy                     

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) (e) Means of injury                     

23. Signature                      (M. D. or other)                       
 Address Bethany Mo Date signed June 19 1943

JUN 9 1943

3/4 00 1/2 12 1/2 1/2

**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 Joe E. Wheeler  
Licensed Embalmer No. 3512  
P. O. Address. Bethany 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.**

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of MO  
County of Harrison } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 53

On this 18<sup>th</sup> day of June, 1945, before me appears Mrs. Bill Dale  
(Daughter), who, upon oath, states that the original record of <sup>birth</sup>~~death~~  
for Senior P King died <sup>born</sup> May 26, 1943, in the State of  
Missouri, and which was filed at Jefferson City on June 9, 1943 should be corrected as follows:

Item No. .... should read .....

Instead of .....

Item No. 7 should read Born July 8 1872 71 yrs

Instead of 1569 - 74 yrs.

Item No. 8 should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Bill Dale Daughter  
Relationship.

Bethany, Mo.  
Present Address.

Subscribed and sworn to before me this 19 day of June, 1945.

My Commission expires June 19 - 1946 Wesley J. Gillespie Notary Public.

Affidavits containing erasures will not be accepted; draw a line through error and write above it.

JUN 22 1943

JUN 29 1943

5-17962

2422  
D-1

14  
2422-11