

Registration District No. **175**

Primary Registration District No. **5639 4277**

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

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Verona  
(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. (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Verona  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Charles R King  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 24  
year 1943 hour 7 minute 30 A M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Ethel King  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased July 7 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from after death 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
57 10 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Lawrence County Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 930  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Charles King

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

14. Maiden name Mary Heinze

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

16. (a) Informant Mrs Ethel King

(b) Address Verona Mo.

17. (a) Burial (b) Date thereof 4/26/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee Cemetery

18. (a) Signature of funeral director J. King

(b) Address Aurora Mo.

19. (a) 4/25-43 (b) Edwin Wilks  
(Date received local registrar) (Registrar's signature)  
1156 (Licensed Embalmer's Statement on Reverse Side)

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)  
(f) Means of injury \_\_\_\_\_

23. Signature Edwin Wilks (M. D. or other) 3 Corner  
Address April 24 Date signed 4-24-43  
City Mo

Duration not known  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 543-666

Date Filed MAY 26 1943

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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 Herman M. Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.