

FILED MAY 18 1943

Registration District No. _____

Primary Registration District No. 5892

Registrar's No. 7

1. PLACE OF DEATH:
 (a) County Ozark
 (b) City or town Dawt- Rural
(If outside city or town limits, write "RURAL" and name of township)
 (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 67 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ozark
 (c) City or town Tecumseh- Rural
(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 A.D. King

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ettie King 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased January 21, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>23</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name John H. King

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Polly Ann Ison

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. S. Howerton

(b) Address Broken Arrow, Okla

17. (a) Burial (b) Date thereof 4-27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Springs Cem.

18. (a) Signature of funeral director Clinkingbeard Fun. Home
(b) Address Gainesville Missouri

19. (a) April 27, 1943 (b) Margaret Hulstrom
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1943 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 16 1943, to April 26 1943
that I last saw em alive on April 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Uremia Retention
Prostatic Hypertrophy

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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 _____

23. Signature J. J. Hoerman, Jr. (M. D. or other) DO

Address Gainesville Date signed 4/27/43

Duration

1 week

3 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 543-608

Date Filed MAY 1 + 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *H. B. Letcher*

Licensed Embalmer No. 3481

P. O. Address Farmersville 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.