S. No. 2
0M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20449

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2699

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2446 Brooklyn Ave 1 24 (If not in hospital or institution, write street number or location)

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

In this community Over six Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 2446 Brooklyn Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Willie L. King

3. (b) If veteran, name war no

3. (c) Social Security No. 487-03-5581

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Jessie King

6. (c) Age of ~~husband or~~ wife if alive 45 years

7. Birth date of deceased Oct. 15, 1895 (Month) (Day) (Year)

8. AGE: Years 47 Months 87 Days #27 If less than one day hr. min.

9. Birthplace Gilmer (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Anderson King
13. Birthplace Gilmer (City, town, or county) Texas 1 (State or foreign country)

MOTHER
14. Maiden name Iser Hueelen
15. Birthplace Gilmer (City, town, or county) Texas 1 (State or foreign country)

16. (a) Informant Jessie King

(b) Address 2446 Brooklyn Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director West, Appleton & Jones

(b) Address 1015 Vine St.

19. (a) 6-15-43 (Date received local registrar) (b) Dep. R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1943 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 6 1943, to June 12 1943 that I last saw him alive on June 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure

Due to Bronchial Asthma

Due to ~~112~~

Other conditions (Include pregnancy within 3 months of death) 112

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Arthur Hooley (M. D. ~~or other~~) M.D.

Address 2434 Ocie Date signed 6-1943

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. West

Licensed Embalmer No. 2910

P. O. Address K. C. 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.