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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 12 1943**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 47

Registration District No. 140 Primary Registration District No. 3024

1. PLACE OF DEATH:  
(a) County Howard  
(b) City or town Fayette  
(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 years, months or days) 3 years

2. USUAL RESIDENCE OF DECEASED: 45  
(a) State Missouri, (b) County Howard  
(c) City or town Fayette  
(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 Billy Loyd 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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 30th 1921  
(Month) (Day) (Year)

8. AGE: Years 21 Months 4 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At School.

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

12. Name Ralph Loyd King,

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

14. Maiden name Gartrude Choate,

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

16. (a) Informant Ralph Loyd King,  
(b) Address Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29th 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Independence,

18. (a) Signature of funeral director Guy T. Halley.  
(b) Address Fayette, Mo.

19. (a) 7-27 1943 (Date received local registrar) (b) Ernest W. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1943 hour 12 minute 15 P.M. 27

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

Immediate cause of death Accidental Drowning

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 183-3

Major findings: 36  
Of operations \_\_\_\_\_  
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) Accident (Drowning)

(b) Date of occurrence 7-27-43

(c) Where did injury occur? Fayette Howard Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?  
Drowning Pool  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Drowning

23. Signature W. Bloom (M. D. or other) W. D.

Address Fayette Mo Date signed 7-27-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

8111-43

Date Filed

DEC 11 1950

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..... *Guy T. Keenan*  
Licensed Embalmer No. *2966*  
P. O. Address *Jayetta 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.