

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUL 21 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26256
Do not use this space.

1. PLACE OF DEATH
 (a) County SALINE Registration District No. 324
 (b) Township Primary Registration District No. 3072
 (c) City MARSHALL (d) Street No. 0 Fitzgerald Hospital Registered No. 1333
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. 3
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 00 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LOUIS KING
 (a) Residence, No. SALT POND TOWNSHIP, SALINE Co. St. SWEET SPRINGS, Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FLORENCE KING

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 5, 1901

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>61</u>	<u>9</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as saw mill, bank, etc. TILLER of SOIL

10. Date deceased last worked at this occupation (month and year) MAR 43 11. Total time (years) spent in this occupation 12 YR

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SALINE Co Mo

FATHER
 13. NAME GEORGE W. KING
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME MARY FRANKLIN KING
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SALINE Co Mo

17. INFORMANT (ADDRESS) Raymond King Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary Center DATE June 30 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. E. Carter Sweet Springs Mo

20. FILED 6/30/43 Mo T. Woodruff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1943

22. I HEREBY CERTIFY, That I attended deceased from April 16 1943 to June 28 1943.
 I last saw him alive on June 25 1943. Death is said to have occurred on the date stated above, at 9 m.
 The principal cause of death and related causes of importance were as follows:
Allegedly of hfr in and forth (staphylococci) Date of onset 1/3/42

Other contributory causes of importance:
Quemio. Agutensis
Hypertrophy of prostate

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify John R. Lawrence M. D.
 (Signed) Marshall, Mo (Address)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-9-45

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 R. C. Carter

Licensed Embalmer No. 35-13

P. O. Address Franklin Ave

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, above space should be left blank.