

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26417

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County WORTH
(b) City or town WORTH, MO.
(c) Name of hospital or institution:
(Rural) (Hindelsbrook Hosp.)
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution. (Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAME

Brenda K King

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex female 5. Color or race white 6. (a) Single, widowed, married,
divorced 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased Sept. 17 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 9 7 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Eldon King
13. Birthplace Nodway, County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Phillips
15. Birthplace Worth, County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant May Phillips

(b) Address Worth, Mo.

17. (a) Burial (b) Date thereof June 26 1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worth, Mo.

18. (a) Signature of funeral director Nancy Andrews

(b) Address Worth, Mo.

19. (a) June 30 - 1943 (b) Arline Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Worth, Mo. (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from June 23
1943 to June 24, 1943
that I last saw her alive on June 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration
5 days

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Arline Scadden (M.D. or other)
Address Worth, Mo. Date signed June 24 1949

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

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..... *Hayes Andrews*

Licensed Embalmer No.....

P. O. Address..... *North, 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.