

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 SEP 11 1943

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

25550
Do not use this space.

1. PLACE OF DEATH
 (a) County Chariton Registration District No. 64
 (b) Township Salsbery Primary Registration District No. 4110 Registered No. 35
 (c) City Salsbery (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Luther King
 (a) Residence, No. E. 2nd St. St. (If nonresident, give city or town and State) _____
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary F. King</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5, 1869</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>2</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>retired farmer</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____		10. Date deceased last worked at this occupation (month and year) _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Mo</u>		
13. NAME <u>Charles King</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>		
15. MAIDEN NAME <u>Emma Rodgers</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>		
17. INFORMANT (ADDRESS) <u>Willy Elmore Salsbery, Mo R.O.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harris Valley</u> DATE <u>8/25</u> '43		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wm G. Thompson Madison, Mo.</u>		
20. FILED <u>8/31/43</u> 19 <u>R. A. Gehring</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1943

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1942, to Aug 24, 1943
 I last saw him alive on Aug 23, 1943 Death is said to have occurred on the date stated above, at 4 a m.
 The principal cause of death and related causes of importance were as follows:
apoplexy, Central

Date of onset _____

Other contributory causes of importance: 83a

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? _____
 If so, specify _____
 (Signed) Wm G. Thompson, M. D.
 (Address) Salsbery Mo

RECEIVED

District Health Officer No. 8,

District File Number -----
970-43

Date Filed -----

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: *Paul Richard Brown*

Licensed Embalmer No. *4324*

P. O. Address *Madison, 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, above space should be left blank.