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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 24 1943

Registration District No. 1002 Primary Registration District No. 1000 Registrar's No. 1033

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

11
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7

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: ~~11-~~ 738 South 11 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 14 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 738 South 11th
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Bert King

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Caroline ?

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

7. Birth date of deceased March (Month) 6 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	6	10	hr. min.

9. Birthplace Andrew County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laboror

11. Industry or business

FATHER
12. Name Isasc King I
13. Birthplace (City, town, or county) Indinia / (State or foreign country)

MOTHER
14. Maiden name Nancy Nixg
15. Birthplace (City, town, or county) Indinia / (State or foreign country)

16. (a) Informant Gertrude Knoski

(b) Address 738 South 11th City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20, 43 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Herman Wm Sidenfaden

(b) Address 1802 Union St. Joseph, Mo.

19. (a) 9-20-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1943 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 4, 1943, to 9/16/43, 19 ;
that I last saw him alive on 9/16, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirosis of the liver	4 mos.
Severe hemorrhage due to	
Due to Cirosis conditon	
Due to Secondary anemia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

124 b1

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 Olafen Smith D (M. D. or other) M.D.

Address Social Welfare Board Date signed 9/17/43

1233

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo

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 Eleon E. Rodgers

Licensed Embalmer No. 2729

P. O. Address St Joseph 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.