S. No. 2
M—2-4
5-17-39
I X35697

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

33846

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4487

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 98 Days (Specify whether years, months or days)
In this community: 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 1510 E. 22nd St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Neal King
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, divorced: Single
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: February 1, 1915 (Month) (Day) (Year)

8. AGE: Years 28 Months 8 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace: Miami, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Unemployed
11. Industry or business: _____
12. FATHER Name: Ernest King
13. FATHER Birthplace: _____ Mo. (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Lucy King
15. MOTHER Birthplace: _____ Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: General Hospital No. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: West Appleton & Jones
(b) Address: 1905 Vine St.
19. (a) 10-22-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1943 hour 6:2 minute 25 P.M.
21. I hereby certify that I attended the deceased from July 14, 1943 to 10-20-43, 19____; that I last saw him alive on Oct. 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Paresis	
Due to	
30 A.S.	
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 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: [illegible] M.D. (M. D. or other)
Address: General Hospital No. 2 Date signed: 10-22-43

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. Neat

Licensed Embalmer No. 2710

P. O. Address K. C. 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.