

S. No. 2
OM-2-43
5-17-39
PI X35687

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 15

Primary Registration District No. 5067

Registrar's No. 47

1. PLACE OF DEATH: Barton

(a) County _____

(b) City or town Iantha *(Outside city or town limits, write "RURAL" and name of township)*

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 59 years (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED: Barton

(a) State Missouri (b) County Central

(c) City or town Iantha (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 _____

3. (a) PRINT FULL NAME HARRY EDWARD KING

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blanche King 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased January 9 1882 (Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Charleston, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Painter & Paperhanger

11. Industry or business _____

MOTHER FATHER { 12. Name Byron M. King

{ 13. Birthplace Ohio (City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah E. Ray

{ 15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche King (b) Address Iantha, Missouri

17. (a) Burial (b) Date thereof Sept 3 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iantha Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME (b) Address Lamar, Missouri

19. (a) 9-3-43 (b) Martha Rives (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1943 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug 19 1943 to Sept 1 1943 that I last saw him alive on Aug 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal-Vascular

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13/10

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature R. E. Drued (M. D. or other) MD

Address: Lamar, Mo. Date signed 9-3

1179

1943

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

600

FILED OCT 28 1943

RECEIVED

District Health Officer No. 6;

District File Number 1043-1165

Date Filed OCT 25 1943

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.....

Carl F. Kuntz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.