

FILED NOV 12 1943

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 579

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 5 Mo.
(Specify whether years, months or days)

In this community 29 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 101 Main St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ettie Elizabeth King

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January 8, 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 7
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Alfred King

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

14. Maiden name Nancy Campbell

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

16. (a) Informant Miss Hank Lee

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 10-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bates City Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Missouri

19. (a) 10-16-43 (b) Gutwink Sushak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1943 hour 7:10 A. minute M.

21. I hereby certify that I attended the deceased from May 14, 1943 to Oct. 16, 1943
that I last saw him alive on Dec. 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (M. D. or other)

Signature Russ L. Niff (M. D. or other)

Address Joplin Mo. Date signed 10/16/43

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

MOTHER FATHER

1204

43-10-911

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..... *Perry M. Hurlbert*

Licensed Embalmer No. *959*

P. O. Address *Joplin 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.