

FILED JAN 6 1944

Registration District 30

Primary Registration District No. 6225

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Ternon Washington
(b) City or town Nevada
(c) Name of hospital or institution: State Hospital No 32
(d) Length of stay: 15 days
In this community 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ternon
(c) City or town Nevada
(d) Street No. _____
(e) Citizen of foreign country? no
If yes, name country _____

3. (a) PRINT FULL NAME JAMES KING

3. (b) If veteran, name war _____ (c) Social Security No. 0

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 27 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business Groceries

12. Name Thomas King

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

14. Maiden name Harriet

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

16. (a) Informant Ophe King (son)

(b) Address Shell City Mo

17. (a) Burial (b) Date thereof Dec 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director W. L. Lewis

(b) Address Schell City Mo

19. (a) 12-6-43 (b) Hayli B. Bewick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 6
year 1943 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from Nov. 12 to Dec 12 1943
that I last saw him alive on Dec 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arterio-sclerosis

Due to Senility

Due to _____

Other conditions _____

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. H. Hall (M.D. or other)

Address Nevada Mo Date signed 12/6/43

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

MOTHER FATHER

1387

RECORDED

Dist. No. 7

District No. Number

12-43-1408

Date Filed

1-5-44

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

Marion M. Lewis

Licensed Embalmer No.

3084

P. O. Address

Schell city, 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.