

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 357

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution Wheatley's Provident  
(d) Length of stay: In hospital or institution 16 months  
In this community 16 months

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clay  
(c) City or town Excelsior Springs  
(d) Street No. 637 N. Main St.  
(e) Citizen of foreign country? /

3. (a) PRINT FULL NAME Marguerite King  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

20. DATE OF DEATH: Month 1 day 19  
year 1944 hour 1 minute 50 P.M.

4. Sex Female 5. Color or race negro  
(b) Name of husband or wife John L. King  
6. (a) Single, widowed, married, divorced married  
(c) Age of husband or wife if alive 49 years  
Birth date of deceased 7/31/1901

21. I hereby certify that I attended the deceased from Aug. 31, 1943 to Jan. 19, 1944  
that I last saw her alive on Jan. 19, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 5 Days 18  
If less than one day hr. min.

Immediate cause of death Cerebral Anoxia  
Due to Arterial Hypertension 2 1/2 yrs  
Duration 1 day

9. Birthplace Columbus Georgia  
10. Usual occupation House Work

Other conditions Ulcer of abdominal skin 1 yr  
Major findings: —  
Of operations: —  
Of autopsy: —

MOTHER FATHER { 12. Name unknown  
13. Birthplace unknown  
14. Maiden name unknown  
15. Birthplace Georgia

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

16. (a) Informant John L. King  
(b) Address 637 N. Main, Excelsior  
17. (a) Burial (b) Date thereof 1-24-44

While at work (Specify type of place) (c) Means of injury —  
23. Signature R. K. Lewis (M. D. or other) —  
Address 222 Lincoln Bldg Date signed 1/24/44

18. (a) Signature of funeral director W. H. Jones  
(b) Address 449 State St.  
19. (a) Jan 22 - 1944 (b) W. E. Brown  
Date received local registrar (Registrar's signature)

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**