

FILED FEB 8 1944
Registration District No. 358

Primary Registration District No. 6212

Registrar's No. 1

1. PLACE OF DEATH

(a) County Vernon
(b) City or town Rural, Bacon township
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community about 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE WASHINGTON KING

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alma King 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Sept. 28, 1867 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 7 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business
12. Name Geo. W. King
13. Birthplace Montgomery, Mo. (City, town or county) (State or foreign country)
14. Maiden name Louisa Lewis
15. Birthplace Montgomery City, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Alma King
(b) Address Schell City, Mo.

17. (a) Burial (b) Date thereof Jan 7, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Lute Lewis & Son
(b) Address Schell City, Mo.

19. (a) Jan 6-44 (b) Frank Stinson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Schell City (Rural)
(d) Street No. Bacon Township
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1944 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 15, 1943 to Jan. 5, 1944 that I last saw him alive on Jan. 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 30 min
Due to Endocarditis 2 yrs.
Due to arteriosclerosis 5 yrs.
Other conditions 92d
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none performed
Of operations none performed
Of autopsy none performed
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) (e) Means of injury _____
23. Signature M. O. Bjerke (M. D. or other) D.O.
Address Rockville, Mo. Date signed 1/6/44

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

9800

1232

District Health Officer No. 71

District File Number 1-44-94

Date Filed 2-7-44

APR 29 1944

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.