

7. S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X36671

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City Mo  
(c) Name of hospital or institution Lakeside Hosp  
(d) Length of stay: In hospital or institution 12 days  
In this community 4 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Jackson  
(c) City or town Kansas City Mo  
(d) Street No. 2105 E 36th W  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME RUPERT KING  
3. (b) If veteran, name war. NO  
3. (c) Social Security No. 495-013079

4. Sex M Color or race W  
6. (a) Single, widowed, married divorced married  
6. (b) Name of husband or wife Unetta King  
6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased Feb 1 1903

8. AGE: Years 41 Months 1 Days 0

9. Birthplace Trimble Mo

10. Usual occupation Wgt. CO-OP store

11. Industry or business Grocery

12. Name James King

13. Birthplace Trimble Mo

14. Maiden name Ella Fry

15. Birthplace Trimble Mo

16. (a) Informant Unetta King  
(b) Address 2105 E. 36th W Mo

17. (a) Burial (b) Date thereof: Mar 3-44  
(c) Place: burial or cremation Mt. Pleasant, Trimble Mo

18. (a) Signature of funeral director Martin Trimble  
(b) Address no Kansas City Mo

19. (a) 3-2-44 (b) N. C. Brown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar Day 1st Year 1944 hour minute M.  
21. I hereby certify that I attended the deceased from Dec 1 1943 to Dec 1 1944  
that I last saw him alive on Nov 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial degeneration  
Due to Inaction

Due to Polypoid Colon & Perforated Spleen  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Polypoid Colon & Perforated Spleen  
Of operations  
Of autopsy 560

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?

23. Signature J. P. Thompson M. D. or other  
Address 3800 E. 27th St Mo Date signed 5-2-44

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

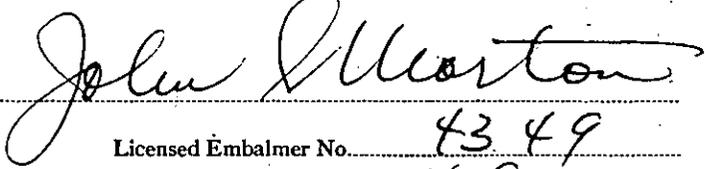
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**STATEMENT BY LICENSED EMBALMER**

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. 4349

P. O. Address. 204 E. 1st

**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.**