

FILED MAR 2 1944

Registration District No.

Primary Registration District No. 5564

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Des Arc Union Twp
(If outside city or town limits, write "RURAL" and name of 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.....
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Des Arc
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry King

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Jane King 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 30 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 8 hr. min.

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

10. Usual occupation Farmer "retired"

11. Industry or business.....

12. Name Solomon King

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

14. Maiden name Pamella Ross

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

16. (a) Informant N.A. King

(b) Address Des Arc Mo.

17. (a) burial (b) Date thereof: 2-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunot Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Princeton Mo.

19. (a) 2-24-44 (b) Mrs. Francis E. Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 8
Year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 5 1943 to Feb 8 1944
that I last saw him alive on Feb 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism Duration 7 months

Due to 121.2

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN

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 C. S. Jones (M. D. or other)
Address Princeton Mo. Date signed 2-19-44

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

MAR 3 1944

MAR 6 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 Arnel White
Licensed Embalmer No. 3012
P. O. Address Clinton, 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.