

Registration District No. 184

Primary Registration District No. 4299

Registrar's No. 25

1. PLACE OF DEATH:

(a) County LINN
(b) City or town Bucklin
(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 _____ (Specify whether _____)

In this community 4 yrs
years, months or days

3. (a) PRINT FULL NAME LAKRA BELL KING

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-10-5004

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

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

7. Birth date of deceased aug 5 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Telephone Operator

11. Industry or business Telephone Exchange

12. Name John L. King

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

14. Maiden name Elizabeth Jordan

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

16. (a) Informant Wife - J. King
(b) Address Bucklin, Mo.

17. (a) Burial (b) Date thereof May 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ethel, Mo.

18. (a) Signature of funeral director Fernon Funeral Service

(b) Address Bucklin, Mo.

19. (a) May 9, 1944 (b) Wayne W. Lawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Bucklin
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1944 hour 2 minutes 15 P.M.

21. I hereby certify that I attended the deceased from 6/6 1936, to 3/6 1944
that I last saw her alive on 3/6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Colitis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930

Of autopsy _____

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) Means of injury ?

23. Signature W. C. Lewis (M. D. or other) MD
Address Bucklin, Mo. Date signed 3/7/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

58
00

58

436

MAR 23 1948

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..... *E.A. Larson*.....

Licensed Embalmer No..... *4037*.....

P. O. Address..... *Bucklin, 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.