

S. No. 2  
4-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17306

FILED MAY 24 1944

Primary Registration District No. 3002

Registrar's No. 72

1. PLACE OF DEATH:  
(a) County Andrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 212 Southwestern Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution about 23 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME FANNIE HARRIS KING  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

4. Sex Female 5. Color or race negro 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 9-16-1920  
(Month) (Day) (Year)

8. AGE: Years 23 Months 7 Days 21 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name Richard King

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

14. Maiden name Clara Knight

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

16. (a) Informant Clara's Hyde  
(b) Address Howard Co. Mo.

17. (a) Burial (b) Date thereof 5-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howard Co. Mo.  
18. (a) Signature of funeral director Stuart Parker  
(b) Address Howard Co. Mo.  
19. (a) 6/9/44 (b) Margaret Mackey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Andrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 212 Southwestern Ave.  
(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 3:20 minute AM PM  
21. I hereby certify that I attended the deceased from Jan 30 1944 to May 6 1944  
that I last saw her alive on April 29 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Asthma, chronic  
Due to.....

Due to.....  
Other conditions (Include pregnancy within 3 months of death).....  
Major findings: None  
Of operations 938  
Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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. Prasher (M. D. or other) M.D.  
Address Mexico, Mo. Date signed 5/9/44

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

MAY 24 1972 JAN

**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

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed

*Stuart P. Parker*

Licensed Embalmer No.

*2900*

P. O. Address

*Columbia, S.C.*

**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.**