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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1944

Registration District No. 36

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18350

Primary Registration District No. 2001

Registrar's No. 235

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 219½ W. Third
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No.: 219½ W. Third (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Daniel Gillette King
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Maude
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: August 29, 1870 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace: Sharadon (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Mine Operator
11. Industry or business:
FATHER 12. Name: King
13. Birthplace: No Record (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: No Record
15. Birthplace: No Record (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Geo. P. Dobbs
(b) Address: Goodman Mo. R.1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery
18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin, Missouri
19. (a) 5-13-44 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 7th year: 1944 hour: 12:00 7 minute: P. M.

21. I hereby certify that I attended the deceased from May 4 1944 to May 7 1944 that I last saw him alive on May 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: Arteriosclerosis
Due to:
Other conditions: (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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: A. H. Winchester (M. D. or other)
Address: Joplin, Mo. Date signed: 5/9/44

1204

(Licensed Embalmer's Statement on Reverse Side)

44-5-392

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 Perry K. Hurlbert

Licensed Embalmer No. 959

P. O. Address Joplin 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.