DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20706

FILED JUL 15 1944

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 2837

48 3 8

1. PLACE OF DEATH:

(a) County: JACKSON

(b) City or town: KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CONVALESCENT HOME - 3420 EAST 9TH STREET (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 WEEKS (Specify whether years, months or days)

In this community: 52 YEARS 4

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL")

(d) Street No.: 2419 - CLEVELAND AVENUE (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: ------ 0

3. (a) PRINT FULL NAME: MR. ADDIS ELMER KING

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NONE

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: MRS. EDNA GRAY KING

6. (c) Age of husband or wife if alive: ------ years

7. Birth date of deceased: MAY (Month) 14 (Day) 1861 (Year)

8. AGE: Years 83 Months 1 Days 24 23 If less than one day hr. min.

9. Birthplace: MANSFIELD (City, town, or county) OHIO (State or foreign country)

10. Usual occupation: RETIRED - 10 YEARS

11. Industry or business: CONTRACTOR

FATHER

12. Name: CHARLES H. KING

13. Birthplace: YORK COUNTY (City, town, or county) PENNSYLVANIA (State or foreign country)

MOTHER

14. Maiden name: ISABELLE A. DONAHEY

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

16. (a) Informant: John C. King

(b) Address: 2419 Cleveland

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 8, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: MEMORIAL PARK

18. (a) Signature of funeral director: D. H. Newcomer's Sons

(b) Address: 1401 - BRUSH CREEK BLVD

19. (a) 7-8-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 7TH year 1944 hour 6 minute 15A M.

21. I hereby certify that I attended the deceased from July 4 to July 7, 19XX, that I last saw him alive on July 6, 19XX and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coronary Thrombosis

Due to: Cerebrovascular - CA

Due to: Arteriosclerosis

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operation: none

Of autopsy: none

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: 0

23. Signature: D. D. Evans (M. D. or other)

Address: 4 F.O.B. K.C. Mo. Date signed: 7/7/19XX

(Licensed Embalmer's Statement on Reverse Side)

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

12:45-4:00

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. E. Worthey

Licensed Embalmer No. 1767

P. O. Address 12-C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.