. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 2 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23773

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 2974

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Trinity Lutheran 0 (If not in hospital or institution, write street number or location)

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

In this community Kansas City Mo ; 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

(c) City or town Liberty Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME ADA King

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Joel King

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept (Month) 21 (Day) 1862 (Year)

8. AGE: Years 81 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Leavenworth Kan 1 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name William Stuart
13. Birthplace Scotland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachel Donahue
15. Birthplace Scotland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Genevieve Bowles

(b) Address Liberty Mo. R. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-44 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cem. Holt, Mo.

18. (a) Signature of funeral director Leonard Fry

(b) Address Kearney Mo

19. (a) 7-18-44 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1944 hour 3:55 minute P M.

21. I hereby certify that I attended the deceased from July 14, 1944, to July 17, 1944; that I last saw her alive on July 17, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	20+ Min
Due to Generalized atherosclerosis	Years
Due to 50	
Other conditions Bilateral Carcinoma of breast (Include pregnancy within 3 months of death)	

Major findings: Of operations Bilateral Carcinoma of breast

Of autopsy Generalized atherosclerosis, Coronary sclerosis, Myocardial fibrosis

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 W. H. Goodson Jr. MD (M. D. or other)

Address 730 Professional Bg Kansas City, Mo Date signed 7/17/44

(Licensed Embalmer's Statement on Reverse Side)

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.