

FILED JUL 1 1944

State File No. \_\_\_\_\_

Registration District No. 43

Primary Registration District No. 5143

Registrar's No. 212

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff, R. 1. Mo.  
(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 1 (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Butler 12  
(c) City or town Poplar Bluff, R. 1. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Dudley King,  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 21  
year 1944 hour 3 minute 30 A M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary King 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Aug. 23, 1866 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1944 to June 21, 1944  
that I last saw him alive on June 19, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 9 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage  
Due to arteriosclerosis & hypertension  
Due to \_\_\_\_\_

9. Birthplace Poplar Bluff, R. 1. Mo. (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name William King.  
13. Birthplace Tenn. (City, town, or county) (State or foreign country)  
14. Maiden name Nancy  
15. Birthplace Tenn (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. Mary King  
(b) Address Poplar Bluff, Mo. R. 1.

17. (a) Burial (b) Date thereof June, 22, 44 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Shiloh Cemetery

18. (a) Signature of funeral director Watkins Funeral Ser.  
(b) Address Dexter, Mo.

19. (a) 7-7-44 (b) Belle Biune (Date received local registrar) (Registrar's signature)

23. Signature Wm Hancher (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff Mo Date signed \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Manner of injury \_\_\_\_\_

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

1200

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 744-988

Date Filed 7-20-44

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.