

FILED AUG 10 1944

Registration District No. 126

Primary Registration District No. 5466

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Russell S. Campbell Top
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 months
(Specify whether
In this community 17 months
years, months or days)

3. (a) PRINT FULL NAME KING, William A.

3. (b) If veteran, name war World War I
3. (c) Social Security No. UNK.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive, XX years
7. Birth date of deceased: January 27, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 28 hr. min.

9. Birthplace Rockdale Mass. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer-Salesman

11. Industry or business

MOTHER FATHER { 12. Name Micheal King
13. Birthplace UNK. Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Byrne
15. Birthplace UNK. Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant File
(b) Address M.C.F.P.

17. (a) Burial (b) Date thereof July-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Embalmer

18. (a) Signature of funeral director Frank Thieme

(b) Address 100 Bonville, Expt. No.

19. (a) 7-29-44 (b) W. J. Sandley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State North Dakota (b) County Fargo - Cass
Bismarck - Burleigh
(c) City or town Fargo - Bismarck (Nomadic) This man
(If outside city or town limits, write "RURAL")
(d) Street No. Usual Residence was in Fargo
(If rural, give location)
(e) Citizen of foreign country, Fargo No Bismarck - 994
If yes, name country 2 (Yes or No) 32

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1944 hour 9 minute 57 PM.

21. I hereby certify that I attended the deceased from February 16 1943 to July 24 1944
that I last saw him alive on July 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, pulmonary, chronic Duration 20 years

Due to

Due to

Other conditions: 13 Pl
(Include pregnancy within 3 months of death)

Major findings: Pulmonary Tuberculosis, far Adv
Of operations: Tuberculosis enteritis
Chronic passive congestion.

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. J. Sandley (M. D. ~~XXXX~~)
Address Medical Center Fed. Pris. Date signed 7-27-44

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

AUG 16 1944

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 Fred C. J. Heine
Licensed Embalmer No. 2899
P. O. Address 150 Bowler

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.

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