

FILED DEC 27 1944

Registration District No. 42

Primary Registration District No. 1016

Registrar's No. 1284

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6807 Carnegie St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years  
25 years (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 6807 Carnegie St. 7  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 11

3. (a) PRINT FULL NAME John A. King

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Docia 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 3, 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 16  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lexington Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name Charles King

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Bramblitt

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

16. (a) Informant Docia King (Wife)

(b) Address 6807 Carnegie St., City

17. (a) Burial (b) Date thereof 12/22/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director John E. Rupp

(b) Address 6054 Pryor Ave., City

19. (a) 12-22-44 (b) Selen J. Soble  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19,  
year 1944 viewed 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from  
Dec 19th 1944 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 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:

(c) 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 3

23. Signature B. W. Tadlock Coroner (If B. coroner)

Address King Hill Bldg Date signed 12/22/44

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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. *3486*

P. O. Address *St Joseph, 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.**