

FILED FEB 19 1945  
Registration District No. 376

Primary Registration District No. 6282

Registrar's No.

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Cocodry home  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location) 5  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 45 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114  
(c) City or town Norwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. North of Norwood  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ella Lucetta King

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 19 1883  
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Logansport Ind!  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Walter Rogers

13. Birthplace Logansport Ind!  
(City, town, or county) (State or foreign country)

14. Maiden name Wanda Shepard

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

16. (a) Informant A. L. King

(b) Address Norwood Route 1 Mo.

17. (a) Burial (b) Date thereof Jan 5 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Netherford

18. (a) Signature of funeral director E. J. Bouldin

(b) Address Norwood Mo

19. (a) Feb 8 1945 (b) Mrs Charles Crum  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1945 hour 8:30 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 1 1944 to Dec 30 1944

that I last saw her alive on Dec 23 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

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

Due to lol

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Norwood Mo Date signed 1/21 1945

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7  
0  
0

1064

(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 Ella J. Boulder

Licensed Embalmer No. 1969

P. O. Address Nowood 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.**