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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6255

State File No.

Registration District No. 139 Primary Registration District No. 4771 Registrar's No. 14

1.4
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0

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Craig (If outside city or town limits, write "RURAL" and name of township)
(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 — (Specify whether years, months or days) In this community 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt 44
(c) City or town Craig, Mo. (If outside city or town limits, write "RURAL") 0
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? No 5 (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Stephen Elmer King
3. (b) If veteran, name war None
3. (c) Social Security No. 496-07-6458
4. Sex Male 1
5. Color or race White 1
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 46 years
7. Birth date of deceased June (Month) 11 (Day) 1879 (Year)
8. AGE: Years 65 Months 8 Days 8 If less than one day hr. min.
9. Birthplace Rock Port (City, town, or county) Mo. 5 (State or foreign country)
10. Usual occupation Common labor
11. Industry or business —

MOTHER FATHER
12. Name John Samuel King
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Sarah Jane Hall
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Mary King
(b) Address Craig, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F
18. (a) Signature of funeral director Wilber L. Schroder
(b) Address Craig, Mo.
19. (a) 2-21-45 (Date received local registrar) (b) Pauline Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1945 hour 6 minute 07 P.M.
21. I hereby certify that I attended the deceased from Sept 1, 1944 to Feb. 19, 1945 that I last saw him alive on Feb. 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Bladder	9 mo.
Due to	
Due to 5 2	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 2
23. Signature O. C. White (M. D. or other)
Address Craig, Mo. Date signed 2/20/45

1143

(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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address Cray, 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.