S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 9358

Registration District No. FILED APR 10 1945 Primary Registration District No. 3011 Registrar's No. 25

17-1-1

**1. PLACE OF DEATH:**

(a) County Carroll

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

(c) Name of hospital or institution: Staton Clinic, 215 South Main (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Carroll

(c) City or town ~~[illegible]~~ (If outside city or town limits, write "RURAL")

(d) Street No. Wheeler, Missouri (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM KING

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEBRUARY (Month) 27 (Day) 1878 (Year)

8. AGE: Years 67 Months 0 Days 15 If less than one day hr. min.

9. Birthplace DE WITT (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation TRUCK FARMER

11. Industry or business

MOTHER FATHER

12. Name GEORGE KING

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

14. Maiden name LUCRECIA SMITH

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

16. (a) Informant JOSEPH L. KING

(b) Address DEWITT MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-13-1945 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ DE WITT MO

18. (a) Signature of funeral director [illegible]

(b) Address BRUNSWICK MO

19. (a) 3-13-45 (Date received local registrar) (b) Mrs James Rafferty (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 12 year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 10, 1945, to March 12, 1945, that I last saw him alive on March 12, 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of the liver. | 5 yrs? |
| Due to | |
| Due to | |
| 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

23. Signature R. Hamilton Staton (M. D. or other) MD

Address Carrollton, Mo Date signed Mar 13 45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7/6/45

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 L M Keesil

Licensed Embalmer No. 823

P. O. Address Brunswick M

**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.**