

FILED MAR 24 1945

Registration District No. 2179

Primary Registration District No. 529/5306

Registrar's No. 3

1. PLACE OF DEATH

(a) County Cole Marion Prop.

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

(c) Name of hospital or institution Cole County Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years
(Specify whether years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 3
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 4
(If rural, give location)

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

3. (a) PRINT FULL NAME John King

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1945 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-1-
1945, to 3-10, 1945
that I last saw h. live on 3-8, 1945
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color Wh race Wh

6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased June 16 1871
(Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia

Due to Influenza

Due to.....

Other conditions Acute Bronchial
(Include pregnancy within 3 months of death)

8. AGE: Years 63 Months 9 Days 24
If less than one day hr. min.

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

10. Usual occupation Unknown

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN 33
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Cole County Court

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 3-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elston, Mo.

18. (a) Signature of funeral director James Swase

(b) Address 707 Jefferson

19. (a) 3/15/45 (b) J. Wellhaus
(Date received local transfer) (Registrar's signature)

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 J. Wellhaus (M. D. or other)
Address Jefferson City Mo. Date signed 3-14-45

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

W-3-1-1-1-1

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 *[Signature]*

Licensed Embalmer No. 03641

P. O. Address *[Signature]*

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.