

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 14 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18501

State File No. \_\_\_\_\_

Registration District No. 374

Primary Registration District No. 6294

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

- (a) County North  
(b) City or town Rural, Holden township  
(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)

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

3. (a) PRINT FULL NAME

Laura King

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

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Fredrick J. King

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

7. Birth date of deceased May 19 1867  
(Month) (Day) (Year)

30 1867  
(Day) (Year)

8. AGE: Years Months Days If less than one day  
77 5 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel A. Wilson

13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Wilson

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

16. (a) Informant Laura King

(b) Address Grant City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-45 (Month) (Day) (Year)

(c) Place: burial or cremation offord cem

18. (a) Signature of funeral director W. C. Drumlee

(b) Address Grant City, Mo.

19. (a) May 19 1945 (Date received local registrar) (b) Maynard R. Rouse (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County North  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Grant City, Mo. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19  
year 1945 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 1945  
10 to 5-19 1945  
that I last saw him alive on 5-12 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis  
Hypertensive heart disease Duration 2 yrs.

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

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

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

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

Of autopsy no

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 on or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. C. Drumlee (M. D. or other)  
Address Grant City, Mo. Date signed 5-20-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 11,  
District File Number  
Date Filed

**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.....

*Arch C. Dumble*

Licensed Embalmer No. 3252

P. O. Address. Grant City, 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.**