

Registration District No. **294**

Primary Registration District No. **3056**

88
6
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
627 South 4th /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Emma J. King**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased **May - 26 1879**
(Month) (Day) (Year)

8. AGE: Years **66** Months **02** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Randolph County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **school teacher**

11. Industry or business _____

MOTHER FATHER { 12. Name **John A. Davis**
13. Birthplace **don't know** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Sallie A. Malone**
15. Birthplace **don't know** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence W. King**
(b) Address **1315 Park Street**

17. (a) **burial** (b) Date thereof **8/16/1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Huntsville, Missouri**

18. (a) Signature of funeral director **Tom B. Patton**

(b) Address **Huntsville, Mo**

19. (a) **8-21-45** (b) **Uma Hall**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph** 88
(c) City or town **Moberly** 6
(If outside city or town limits, write "RURAL")
(d) Street No. **627 South 4th** 3
(If rural, give location) 0
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12**
year **1945** hour **7:55 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **8-2**, 19**45** to **8-12**, 19**45**
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**
Pleumny with Effusion
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **100**
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? _____

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

23. Signature **R. Williams** (M. D. or other) _____
Address **Moberly, Mo** Date signed **8-21-45**

RECEIVED

District Health Officer No. 10

District File Number 9-45-1399

Date Filed SEP 17 1945

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..... Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address..... Hunterville, Va

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.