S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1946

State File No. 40158

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5265

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ days (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Hickman Mills
(If outside city or town limits, write "RURAL")

(d) Street No. Route No. 2
(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 No

3. (c) Social Security No. 486-01-4126

4. Sex Ma O

5. Color or race Wh

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

6. (b) Name of husband or wife Florence King

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December (Month) 26 (Day) 1885 (Year)

8. AGE: Years 59 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation Manager

11. Industry or business Cash Bargain Lbr. Co.

FATHER
12. Name Thomas King
13. Birthplace Gallatin, (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Laura Smith
15. Birthplace (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Mrs. Florence King
(b) Address Hickman Mills, Mo. R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 12-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1945 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Coron, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture

Due to auto Trauma

Due to

Other conditions (2 automobiles)
(Include pregnancy within 3 months of death)

Major findings:
Of operations 17 OC 2-8
22
Of autopsy yes as above

Duration

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) accident

(b) Date of occurrence 12-17-45 48

(c) Where did injury occur? 50 Highway & Raytown Rd (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? no (e) Means of injury auto Trauma

23. Signature James Walker (M.D. or other) Coron

Address 1424 Pry Bldg Date signed 12-20-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas 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.