

S. No. 2
1-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42573**

FILED JAN 14 1946

Registration District No. **321**

Primary Registration District No. **6084**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Blackwater township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline **97**
(c) City or town Blackwater township
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Barbara June King

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

4. Sex Female 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 April 1st, 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 I6 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Chester Arthur King
13. Birthplace Tuttle Okla.
(City, town, or county) (State or foreign country)

14. Maiden name Bettie June Wharton
15. Birthplace Fort Collins, Colo.
(City, town, or county) (State or foreign country)

16. (a) Informant Chester A. King
(b) Address Nelson, Mo. Route # 1

17. (a) Burial (b) Date thereof Dec. 18 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Charles R. Marshall
(b) Address Marshall, Mo.

19. (a) Dec. 18, 1945 (b) Mrs. W.E. Shackelford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1945 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from held
inquest Dec. 17, 1945 - 19...
that I last saw h..... alive on..... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Endocarditis

Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(c) 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 C.L. Lawless Corcoran (M. D. Corcoran)
Address Marshall Mo. Date signed 12-17-45

Duration
Physician
Underline the cause to which death should be charged statistically.

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

7
90

1253

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-11-48

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

R. W. Campbell Jr.

Licensed Embalmer No.

3469

P. O. Address

Marshall

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.