

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Rural St. Francois Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois 94

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

(d) Street No. R.R. Farmington
(If rural, give location)

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

3. (a) PRINT FULL NAME William Stephen King

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day Unk.
year 1946 hour _____ minute _____ M.

4. Sex M 5. Color or race Wh

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 May 12 1970
(Month) (Day) (Year)

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

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

75 7 28 _____ hr. _____ min.

Immediate cause of death Coroner Jury Verdict: Cause unknown to jury

Due to apparently due to a heart disease

Due to _____

9. Birthplace Wilkes Barre Pa.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Not employed

11. Industry or business _____

MOTHER FATHER { 12. Name Stephen King _____

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

{ 14. Maiden name _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Social Security Office

(b) Address Farmington, Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1-12-46
(Month) (Day) (Year)

(c) Place: burial or cremation County Cemetery

(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? _____

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo

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

19. (a) Jan. 26, 1946 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

23. Signature Beal J. Miller (M.D. or other) Coroner
Address Farmington, Mo Date signed 1/11/46

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

1946

RECORDED
District Health Officer No. 4
File Number 246-1738
Date filed 2-8-46

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 not embalmed, Registered Apprentice No. _____ working under my personal supervision.

Signed Paul K. Deibel

Licensed Embalmer No. 4120

P. O. Address Lanham, Md

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.