

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4868

State File No.

Registration District No. 55 Primary Registration District No. 3011 Registrar's No.

1. PLACE OF DEATH:

(a) County Carrollton

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN KING

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

4. Sex Mo 5. Color W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Black-smithing

12. Name W. King

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

14. Maiden name _____

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

16. (a) Informant Social Security Office

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 2-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley E. Gibson

(b) Address Carrollton Mo

19. (a) 2/14/46 (b) Mr. Herbert Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1946 hour 6 minute 00 M.

21. I hereby certify that I attended the deceased from Feb 6 to Feb 10, 1946
that I last saw him alive on Feb 6 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia poisoning

Due to Mainly old age

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 13212

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature R. Hamilton Tilton (M. D. or other) MD
Address Carrollton, Mo Date signed Feb 14

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

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

MOTHER FATHER

RECEIVED

DIED

No. 8,

Number

Date Filed

3-9-46

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

....., Registered Apprentice No.
working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.