

S. No. 2
M-5-43
7-5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13212
Registrar's No. 1779

FILED APR 29 1946
Registration District No. 149

Primary Registration District No. 10.02

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

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:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 25 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1317 Indiana
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alfred Franklin King
3. (b) If veteran, name war No
3. (c) Social Security No. 487-07-2778

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosalie M. King
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased 11 8 1907 1906
(Month) (Day) (Year)

8. AGE: Years 38 39 Months 5 Days 5
If less than one day hr. min.

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

10. Usual occupation Franklin Ice Cream Company

11. Industry or business _____

12. Name Thomas F. King

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

14. Maiden name Mary E. Hobbs
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Rosalie M. King

(b) Address 1317 Indiana

17. (a) Burial (b) Date thereof 4-17-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri

19. (a) 4-16-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 th.
year 1946 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3-18-46, 1946, to 4-13-46, 1946;
that I last saw him alive on 4-13-46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death bronchial pneumonia - virus type
Duration 3 days

Due to _____

Due to 1317

Other conditions Hypertension years 4
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Virus pneumonia, Cardiac hypertrophy, Chronic hepatitis
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 M. D. O'Neil
(M.D. or other)

Address 915 P.O.F. Bldg. Date signed 4-15-46

W. O. B. O. O. O.

Vic 2464

Prof. Bldg.

9 P. 477

915

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 *E. H. Nive*

Licensed Embalmer No. *2570*

P. O. Address *150 W. 210*

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.