

S. No. 2
M-5-43
5-17-39
I X35671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16720**
Registrar's No. **2303**

FILED JUN 3 1948

Registration District No. **149**

Primary Registration District No. **1002**

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: **7104 Washington,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO.** (Specify whether)
In this community **31 years** (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. **7104 Washington**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Eula Blanche King**
(b) If veteran, name war **no.**
(c) Social Security No. **NO.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **22**
year **1946** hour **1:15** minute **A.** M.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Chester L. King**
6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **unknown**
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
about 58 hr. / min.

Immediate cause of death **Coronary atherosclerosis**
Due to **Coronary atherosclerosis**
Due to...
Other conditions (Include pregnancy within 3 months of death) **940**

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

10. Usual occupation **at home,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **unknown,**
13. Birthplace **unknown,**
(City, town, or county) (State or foreign country)

14. Maiden name **Eula Lowe**

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

16. (a) Informant **Caroline King,**

(b) Address **7104 Washington, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **5-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **5-23-46** **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations...
Of autopsy **and History & Family etc.**

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) (c) Means of injury
23. Signature **Ann O'Walker** (M. D. or other)
Address **1424 W. 11th** Date signed **5-27-46**

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

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

166072

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 *J. Calvin Shippard*
Licensed Embalmer No. *4179*
P. O. Address *R. S. 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.