

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

22886

FILED JUL 25 1946

State File No.

2351

Registration District No. 47

Primary Registration District No. 3005

Registrar's No.

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2y-0M-12d
(Specify whether years, months or days) 2y-0M-12d

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 320 E. Bolivar St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter Palmer King

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

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married 1 divorced married

6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased MAR. 1 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Bowling Green, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business

12. Name Charles King

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

14. Maiden name Wilmina Dawson

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

16. (a) Informant Mrs. Clara King

(b) Address 220 S. Cole St., Mexico, Mo.

17. (a) Burial (b) Date thereof 7-3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clumroy Cemetery

18. (a) Signature of funeral director Pracht Funeral Home
(b) Address Mexico, Mo.

19. (a) 7-1-1946 (b) Jane Moravskoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1946 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from 5-1-1946 to 7-1-1946
that I last saw him alive on 7-1-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to 94a

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:

(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?

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

23. Signature J. D. Sloth (M. D. or other)

Address Fulton Date signed 7-1-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No.

District File Number

Date Filed 7-24-46

OFFICE 2
FILE

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. 3

working under my personal supervision.

Signed

H. A. Puchot

Licensed Embalmer No. 39

P. O. Address Mexico 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.